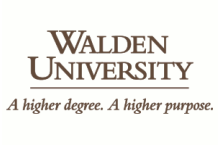

2021

Qualitative Exploration of Catholic Church Leaders' Perspectives Regarding Counseling Parishioners With Anxiety

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
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Abstract

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by

Amy L. Polster

MS, Walden University, 2017

MA, Lakeland College, 2014

BA, University of Wisconsin Stout, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

February 2023

Abstract

There is little research addressing the mental health literacy of Roman Catholic clergy in their job as spiritual counselors for parishioners with anxiety. Devout individuals struggling with fear- or worry-driven anxiety often call on divine assistance for help as a frontline defense. Anxiety is a leading mental health problem, disturbing about 40 million U.S. adults aged 18 to 54 years. This study explored the mental health literacy perceptions of six Catholic clergy leaders and their awareness of fear- or worry-based anxiety, drawing upon the concept of the triune brain and using evolutionary threat assessment systems theory as a theoretical foundation. The research questions addressed anxiety awareness, clergy preparedness, and clergy counseling strategies. A qualitative design with a phenomenological conceptual framework was used. Participants were selected from the Catholic Diocesan Directory based on the job identifier "priest" or "deacon." Data were obtained through semistructured interviews and analyzed using qualitative software to explore Catholic clergy perspectives. The research outcome showed that Catholic clergy leaders differed in their range of understanding of anxiety driven by fear or worry as a serious mental illness. Five of the six participants felt "prepared" or "very prepared" to counsel parishioners coming to them with pervasive anxiety driven by fear and worry. Counseling included praying, listening, and assessing using fundamental counseling skills. This study may contribute to positive social change by supporting greater awareness of the need for professional mental health education, training/updating secular curriculum, religious education with nonsecular curriculum, and mental health programs among Roman Catholic clergy leaders.

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Dedication

I dedicate this work to my God and the Roman Catholic Church, for without my faith, I would not be the woman, daughter, sister, daughter-in-law, best friend, sister-in-law, wife, mother, scientist, and faithful believer that I am today. Religion and psychology are interwoven deep into my heart and soul, and I continue to be prayerful and grateful to God for leading me on this path.

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I wish to extend my heartfelt gratitude to my chair, Dr. Benita Stiles-Smith, for her insightful expertise, editorial mastery, encouragement, and willingness to guide me step by step on this meaningful journey. I also want to extend my sincere thanks to my second committee member, Dr. Brandy Benson, for her expertise in methodology and masterful editorial skillset. I am blessed beyond measure to have been given an opportunity to work with these professors and mental health experts who consistently exhibited expertise, understanding, passion for learning, and endless encouragement.

To my husband, Rob, thank you for standing by me when I felt discouraged and wanted to quit over the years. You are my number one, and the love of my life, and I am proud to be yours. You reminded me daily of my abilities and drive to mentally persevere through difficult times like our family deaths and COVID-19 quarantine. We continue to fight this pandemic together. God is always at our side! To my daughters, Riley and Lexi, never forget how much I love you and the importance of following your dreams. Faith, resilience, and motivation will always support anything you set out to accomplish. My hope is that you have learned from your mom that hard work, dedication, and faith always pay off in the end. To my mother, Nancy, thank you for stepping into my role as mom when I needed help. Your kindness and acts of service never went unnoticed; whether it was making dinner, doing laundry, or running errands, I am appreciative of all you have done to support my writing and educational endeavors. To my sisters, brothers-in-law, nieces and nephews, their spouses, and closest friends, thank you for keeping me

on my toes and asking me numerous times when I would be finished with this dissertation. I can finally laugh about that unceasing question and answer, it is finished!

Table of Contents

Chapter 1: Introduction to the Study

Introduction

Anxiety is a leading mental health problem in North America, with an estimated one third of the adult population suffering from anxiety-associated challenges, according to the National Institute of Mental Health (NIMH, 2017). The symptoms of anxiety, such as irritability, difficulty controlling worry, and being easily fatigued, are only a few of the persistent and complex barriers to mental health that people face daily. Anxiety disorders disturb 18.1% of adults in the United States, or approximately 40 million adults between the ages of 18 to 54 years (NIMH, 2017). The Anxiety and Depression Association of America (ADAA, 2017) reported statistical findings indicating that 54% of women and 46% of men experience an anxiety disorder. More specifically, in the Great Lakes region, according to the Wisconsin Department of Health Services (DHS) Bureau of Prevention, Treatment and Recovery, over 30% of adults 45-59 years of age experience some type of anxiety disorder, and more than 15% of adults older than 60 years of age also experience some type of anxiety (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017). According to SAMHSA (2017), in Wisconsin, an annual average of 4% or 175,000 adults over 18 years of age seek mental health services for conditions categorized as serious mental illness (SMI), while more than 45% seek services for any type of mental illness (AMI).

Some individuals turn to faith-based leaders for assistance with anxiety-ignited problems as their first form of defense. For Catholic clients, clergy leaders have a variety of functions within the clergy–parishioner relationship. A parishioner may go to a clergy

leader to seek spiritual direction and may view their religious leader as teacher, while a different parishioner may seek counseling from clergy, equating the emotional health and social support that they receive from clergy with guidance that comes from a licensed mental health professional.

Anxiety-triggered problems can happen cognitively (e.g., racing thoughts or inability to concentrate), behaviorally (e.g., irritability or hypervigilance), or biologically (e.g., sweating or restlessness; SAMHSA, 2017). Any heightened anxiety-related problem mentioned above can become distressing, causing the individual to feel as though they are dying in that moment—a terrifying experience for a parishioner. Spiritual direction that is mindful of principles of anxiety reduction from a church leader can successfully assist with decreasing the psychiatric symptoms that are associated with that anxiety.

Reverend Gene Barrette (2002) noted that Catholic divine direction integrates the social and spiritual support and guidance that a parishioner requires. This interpersonal relationship between the spiritual director/clergy leader and a believing parishioner continually builds and is nurtured through methods such as prayer and meditation (Barrette, 2002). Psychological and spiritual integration of assistance can occur in the context of the Catholic Church's scriptural knowledge as it connects to identifying, disarming, or removing the internal or environmental strain that is harming the parishioner's mental health state (Barrette, 2002; Isacco et al., 2017). Catholic religious leaders are open and connected to everyday life stressors and challenges of their

parishioners and provide guidance not only during Church Mass, but also in other parish gatherings and events.

Reverend Monsignor DiGiovanno (2009) wrote that a healthy parish clergy leader guides educational and formational programming that maintains the clergy's personal health interest while also supporting parishioner well-being within their church. Community service programs such as human concerns committees can nurture the clergy-parishioner relationship. Stewardship at the heart of mission events creates a close working engagement that develops and combines positive promotional tools of spiritual apostolic and lay parishioner relationships (Miner et al., 2015). This type of programming in the church mirrors faith sharing in the community and builds the clergy/parishioner alliance with functions such as visiting home/bedbound parishioners, counseling individuals through the death of loved ones, guiding individuals during marriage preparation and family difficulties, and providing extensive prayer for congregants who are in the hospital prior to surgery or who have received news of a life-threatening or terminal medical condition. These types of life events create a stressful and overwhelming environment resulting in amplified anxiety-related symptoms for the individual who is struggling. These scenarios, along with many others, can create amplification of excessive panic or worry and ignite anxiety, which itself can be expressed as a fear-based phenomenon.

One of the goals of the religious clergy leader is to establish rapport with their faith community member and lessen anxiety through discussion with faithful prayer and scriptural undertones at the core of that conversation (Kane, 2003). The direct pastoral

involvement and guidance of a clergyman may assist a parishioner who is experiencing a deepening of emotional wounds because of debilitating anxiety. Calling upon divine assistance may support the delicate process of change, resulting in relief from fear and anxiety (Barrette, 2002).

A view of the healing role of spiritual leaders from a cultural lens (e.g., Korean American clergy, African American clergy, and rural clergy) has been established throughout the literature (Jang et al., 2017; Kane, 2003; Kitchen-Andren & McKibbin, 2018; Leavey et al., 2007; Newberry & Tyler, 1997; Stansbury et al., 2009). However, the issue remains as to what Catholic clergy understand relative to other clergy leaders within the realm of mental health literacy knowledge directly associated with anxiety as a mental health issue for the believer seeking assistance.

In this study, I sought to explore the mental health literacy perceptions of clergy leaders and their awareness of parishioner anxiety. This was accomplished by building connections from themes and patterns derived from individual perceptions while using various sciences and religious bodies of literature to back up the need for deeper understanding in this area. Furthermore, this notion was thematically funneled while digging deeper from a qualitative perspective as I attempted to honor voice and meaning to the Catholic religious sector through the lived and shared clergy experience and phenomenological viewpoint. The road map through purpose of understanding mental health and Catholic clergy knowledge, historical counseling relating to religious background through clergy roles, and the connection that I built regarding the proposed hypothesis that seeking religious counsel social support may be positively connected with

helping clergy provide disarmament tools to use against anxiety is of value. My aim in conducting this study was to bridge secular and nonsecular counseling worldviews through phenomenology, which in turn set the stage for focus on the lived and shared experiences that Catholic clergy participants were encouraged to discuss. The overarching themes that came directly from the shared discussions may provide valuable insights for both faith and non-faith-based counselors who provide counseling services for religious believers who struggle with persistent and overwhelming anxiety. Furthermore, anxiety that is fear-based is discussed from within its most primitive brain state through the assistance of evolutionary threat assessment systems (ETAS) theory.

Background

Although a connection between religion and mental health has been documented in eastern philosophies (i.e., Buddhism) for several eras, the historical split between religion and science in the western world has resulted in more recent research interest in the psychology field (Borup & Fibiger, 2017). Clientele who use mental health services in a faith-based setting such as their church continuously contribute to and deepen mental health knowledge as it directly relates to the psychiatric problems created by anxiety disorders (e.g., generalized anxiety, panic disorder, or phobias). Furthermore, it expressly identifies the ways in which religion can significantly serve to cultivate positive mental health and well-being through social support means with pastoral counseling and thereby contribute positively to emotional illness recovery (Swinton, 2001). Research indicates that there is strength in the association between religious belief and the specific class of psychiatric symptoms (Flannelly et al., 2009).

During the 1980s, cognitive psychotherapists (e.g., Aaron Beck and Paul Gilbert) proposed that anxiety disorders are fixed in primitive feelings regarding individuals' own security and the dangerousness of the surrounding world (Beck et al., 1985; Gilbert, 1984). These particular bodies of knowledge and study from the late 1980s helped to encourage this study to further explore the acuteness of the danger that individuals may feel concerning the world around them and were chosen as the theoretical framework surrounding this study. ETAS theory is expanded upon as it directly relates to and potentially gives clarification for a connection that exists between psychiatric symptoms and fear-driven anxiety in the primitive sense.

Problem Statement

Social science research has provided minimal data pertaining to the mental health knowledge that clergy use in their jobs as spiritual counselors to effectively direct parishioners with anxiety toward achieving overall positive mental health and well-being (Anthony et al., 2015; Kitchen-Andren & McKibbin, 2018). This study's data outcome has the potential to add to current literature regarding religious pastoral counsel having an uplifting effect for those who are anxious. For instance, the Mussar movement is a Jewish philosophy that has recently surfaced among the Jewish population. Reliance on and trust in God, though not short of commitment and beneficial actions, are believed to rid the follower of extreme worrying and leads as an example of what an elevating result can look like for the individual (Ben-Avie, 2016). Studying anxiety and religious counsel is beneficial for professional mental health education institutions that are training and updating their secular curriculum, religious education institutions with nonsecular

curriculum, outreach programs such as faith-based counseling centers, mental health counseling establishments, professional organizations that oversee mental and behavioral healthcare, seminary institutions, and at the global church and diocesan levels (Breuninger et al., 2014). In addition, stakeholders who would benefit from this study include clergy and mental healthcare professionals who work with people daily in the church, medical, and social work settings, as well as religious persons who themselves are anxious and seeking help from clergy.

Purpose of the Study

The purpose of this study was to explore clergy members' understanding and awareness in the Roman Catholic Church of their mental health literacy knowledge of fear-based anxiety and spiritual counseling practice when working with parishioners with anxiety. To address the current knowledge gap, I had active participation and data were collected from semistructured interviews regarding Catholic clergy's perceptions and preparation for counseling parishioners who experience serious heightened anxiety-related problems. This knowledge and understanding will help to bridge both faith-based and non-faith-based counseling worlds that ultimately encourage professional collaboration. The qualitative research paradigm applied in this study involved using a naturalistic approach to reveal themes pertaining to Catholic clergy leaders' level of knowledge when working with parishioners who may exhibit heightened and persistently problematic anxiety-related psychiatric symptoms. This naturalistic path informed the research approach to better understand anxiety as a phenomenon of interest in terms of potential parallel perceptions that clergy leaders shared during face-to-face conversations.

Research Questions

The following research questions derived from the recommendations produced from literature synthesis and myself for endeavoring to deepen the understanding of the relationship that exists between clergy leadership and believers with regard to serious fear-driven anxiety and related psychiatric problems in specific application to Catholic clergy (Cook et al., 2012; Dein, 2013; Safara & Bhatia, 2008).

RQ1. What is the understanding that Catholic clergy have regarding pervasive fear- or worry-driven anxiety-related mental illness?

RQ2. To what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive fear- or worry-driven anxiety-related mental illness?

RQ3. What strategies do Catholic clergy describe that they use with seriously anxious parishioners?

Theoretical Foundation

In 2007, Flannelly and colleagues synthesized the literature on evolutionary psychiatry and formulated a theory to describe primitive brain systems that evolved for self-protection and underpin psychiatric symptoms. This scientific contribution drew from the path and psychiatric work of Paul MacLean, who wrote on the importance of evolutionary understanding in psychiatry (Flannelly & Galek, 2010). MacLean contended that there are three specific and related structures of the brain that evolved for survival value—(a) the reptilian brain, (b) the paleomammalian brain, and (c) the neo-mammalian brain—which link to specific areas of the basal ganglia, limbic system, and neocortex,

which he described as making up the triune brain (Flannelly & Galek, 2010; MacLean, 1990; Silton et al., 2014). ETAS theory indicates that parts of the brain primarily involved in threat assessment with four primitive brain systems interrelate through fluctuating degrees when assessing for danger. ETAS theory further suggests that beliefs operate through the prefrontal cortex and directly affect threat assessment, which therefore leads unswervingly to the unpleasant path of unwelcome psychiatric symptoms (Galek & Porter, 2010). According to Gilbert (2002), as humans constantly assess whether situations pose a threat, brain mechanisms that were once adaptive to the environment may not be adaptive to the overly stressful environment of the contemporary world.

It is important to note that proponents of ETAS theory not only see the environment as the partial answer to severe anxiety, but also examine what specific primitive brain structures are involved in threat assessment and just how psychiatric symptomology can be directly linked to religious beliefs that are both emotional and distinctive reactions to varying threats (Flannelly et al., 2009; Flannelly et al., 2007). Therefore, there is a connection to be made regarding this study's research questions concerning thematic descriptions of how Catholic clergy address fear- or worry-driven anxiety and related symptoms with their parishioners and mental health related knowledge preparedness with understanding of anxiety as serious problematic disorder for their believing client. This idea can be applied to parishioner anxiety-related symptoms and provided the anchor for this study.

With evolutionary applicability, for instance, young Catholic children are taught about Guardian Angels. According to Catholic Online (2019), Guardian Angels are often linked to one of the first prayers learned by Catholic children in catechism. In its applicability to this study and one hypothesized dimension or more explicitly ETAS theory, the connection or belief in a Guardian Angel can be related that a believing client uses the Guardian Angel as their daily protector in a world where they deem it necessary as worry and fear arise, and their anxiety becomes enhanced. Specifically, the extra social support provided within the church setting through learning this foundational prayer at an early age may indicate the need for additional support when anxiety is seen as a fear-based phenomenon. The daily routine in saying the prayer directly to their Guardian Angel may provide the believing client with a calming or soothing method that lowers their heightened levels of anxiety. Following is an example of the prayer, which is built on defense and declared by devoted as the guard of protection (Catholic Online, 2019):

> Angel of God, my guardian dear to whom God's love
>
> commits me here, ever this day, be at my side,
>
> To light and guard, rule, and guide. Amen.

The word *guard* is underlined to indicate its importance and linkage to this study as anxiety that is driven by excessive fear or worry. When broken down and defined, the underlined term is synonymous with other words and phrases in the English language such as (a) *protect*, (b) *watch over*, (c) *look after*, (d) *safeguard*, (e) *save*, (f) *secure*, and (g) *defend*. All of these are words may be used by a believer to cope, thereby giving hope in a world that brings individuals intensified levels of distress or fear, unleashing anxiety.

Excessive Demands and Literacy Knowledge

For this study, I collected and analyzed data linking clergy leaders' perceptions of their mental health literacy knowledge with dangers and demands for their parishioners. Also captured in data collection was the reaction from clergy leaders to when parishioners were chronically overwhelmed by their world, essentially creating an environment for the parishioner of worry and fear. Today's western world is filled with demands. There are articulated and implied demands that have many differing levels, such that a person is overcome by the need to achieve a certain level, act a specific way, and even adopt a specific type of fashion. Individuals are faced daily with anxiety-provoking challenges to be a certain way that are emotionally ignited internally within themselves as well as externally by family, friends, church, or media, and this overwhelming demand can initiate intense anxiety. Excessive worry can also negatively impact physical health. According to the National Institutes of Health within the Department of Health and Human Services (2016), anxiety disorders affect 1 in 5 Americans and are the result of devastating medical problems associated with persistent extreme worry. This persistent anxiety may create physical problems such as diabetes or heart disease. However, the good news is that fear- and worry-driven anxiety is treatable through wellness approaches that guide coping such as talk therapy. The desire for individuals to go to their clergy leader for help to defend against excessive worry and the perceived dangers of the world is supported throughout science and religious bodies of literature.

Social Support

There is a beneficial association of ETAS theory for the individual that provides perspective on religious beliefs, including the belief in God, and advocates positively for its clinical application. Flannelly and Galek (2010) suggested that this positive connection supports how religious beliefs and perceived dangers of the world directly influence psychiatric symptoms through precise areas of the primitive brain. Understanding this framework matters because it applies the notion that clergy leaders do, in most instances, provide direct counseling and, in many cases, have continuous, ongoing, and long-term relationships with the believing parishioner. This intriguing relationship longevity dynamic leads one to support a qualitative approach and undertone that will set out to shape and encourage the deep-seated understanding needed by adding voice and dimension to what is currently in the literature. In addition, this study had an emphasis toward describing and clarifying the importance of the job role level that Catholic clergy leaders have within the church setting. The representation of Catholic clergy and the church as social support are pieces added to the round table discussion with anxiety as a fear-based and worry-driven phenomenon alongside mental health knowledge and awareness.

The themes that arose from this study have the potential to add depth to the information and ultimately, the conversation that is already taking place between faith-based and non-faith-based agencies. The contextual lens for this research project was set upon exploring the understanding between religion and lay beliefs about mental illness,

more specifically fear-based anxiety with its accompanying psychiatric symptoms, through a phenomenological lens and meaning-making undertone.

Conceptual Framework

Phenomenology

Conceptual framing was used in an intentional way. It informed, influenced, and connected the research questions from the participants' experiences through a phenomenological lens. Phenomenological research is broadly defined as the study of an individual's perception. Moreover, it was the backdrop where the source of origin was developed from both philosophy and psychology. Phenomenology incorporated the "essence of experience" from the participants, who had all experienced the same phenomenon (Creswell, 2014, p. 14). In this study, the phenomenon of interest was the counseling role of clergy leaders in the Catholic Church and their shared experience with parishioners with serious anxiety. Furthermore, it offered interpretation of the lived holistic essence with the open advantage of understanding personal experience commonalities (Bloomberg & Volpe, 2019). In subsequent chapters, I describe in greater detail how the phenomenological philosophy applied directly to this study and highlight perceived strengths and challenges. The goal of providing an examination of the conceptual framing was established to verify interest and applicability. However, I also sought to answer the research questions in a practical way that would extend this information to fields for clinical adaptability of psychology and religion's potential uplifting combination.

Nature of the Study

The nature of this study was qualitative, in that I used a qualitative design with a phenomenologically focused approach. This approach allowed an emic perspective. Guided interviews with the participants provided a foundation for collecting data that described experiences and their meanings, thereby giving clergy leaders a voice to tell their lived and shared experience while working with parishioners who exhibited high levels of anxiety in their daily life.

Data were obtained from semistructured interviews with participants throughout the Great Lakes region using the Catholic Clergy Directory. This Directory was used intentionally to invite the participation of clergy leaders who identified as priest or deacon in the most current publication of the Diocesan Directory at the time of this study's data collection process.

A benefit to using the semistructured interview format was in the pre-preparation interviewer competence, and of course the open-ended freedom for the participants to express their voice and views in their own words. According to Jamshed (2014), semistructured interviews offer analogous and reliable qualitative data and are best suited to data collection in this type of phenomenological qualitative design.

Definitions

Anxiety: Excessive impairment and fear- or worry-driven reaction to life stressors.

Clergy leader/clergyman: Professional or ordained celebrant of Catholic faith. This term may be used interchangeably with other terms such as *Priest* or *Deacon*.

Debilitating: Anxiety causing serious impairment to daily functioning.

Parishioner: Faith-based individual. This term may be used interchangeably with terms such as *believer* or *Catholic client*.

Assumptions

An assumption was made that each participant relayed their individually lived truth during the interview, disclosing honest answers to me during data collection. This data collection path was used to extract thematic data and code the participants' voice verbatim from their lived and shared experiences within the Catholic Church setting. These specific experiences were conveyed into thematic points of view and done so in a way that shared the conversational abilities of both researcher and participant using qualitative software. I assumed that the participants and I collaborated to ensure the fruitful collection of information to add to the current body of knowledge regarding anxiety with religious partnership.

Further, it was assumed that clergy participants had been in direct interactions within many parishioner counseling roles based on the appropriate job role level, as identified later in this paper. Face-to-face contact was implied, along with meeting the parishioners where they were at, with fluctuating levels of counsel during their time in the faith-based clergy leadership role. Additionally, it was assumed that the clergy leaders had some experience counseling parishioners with anxiety-related problems such as overpowering fear, panic, or excessive worry. Finally, it was assumed that the spiritual leaders had mental health training or some psychology-related coursework that helped to prepare them for the task of directly counseling an individual seeking help with serious fear-based anxiety-related problems.

These assumptions were necessary in the context of this study because the role of Catholic clergy leader exemplifies the work and stewardship of a type of potential beneficial social support within the church community. Specifically, in the church setting, the similarly based pastoral assumption was centered on the words of God the Father in the Holy Bible and helping others through scriptural coping among clergy leaders. The counseling skills were directly related to understanding if there was a need to enhance training and education or somehow better equip clergy leadership with tools to help troubled individuals seeking mental health support. In addition, the assumptions created a boundary for the study that was used to guide the thematic coding process. The hope was that the outcome would be beneficial to both secular and nonsecular counseling and educational seminarian training organizations.

Scope and Delimitations

A specific concern of this study was the mental health literacy that Catholic clergy leaders have regarding parishioners seeking faith-directed clergy counsel for fear-driven anxiety-related problems. This angle was chosen because of the gap that exists in the current research literature and due to the lack of Catholic clergy representation. The boundaries of this study were limited to Catholic clergy members who publicly identified as such in the Diocesan Directory; therefore, it should be noted that clergy leaders in all other denominations who did not identify as some type of Catholic leader and leaders who were not included in this specific Directory were not included in this study. An additional limitation was researcher bias. I am a devout Roman Catholic parishioner and

the carefully managed secularism of the study as a separate entity from spiritualism or Catholic belief system was challenged to keep my personal biases confined.

ETAS theory is linked in the literature with religious beliefs and psychiatric symptoms. Attachment theory, a close cousin to ETAS theory, indicates that attachment to God as a trusted religious figure is beneficial in its connection to greater psychological well-being (Flannelly & Galek, 2010). This study did not develop attachment theory in greater detail because the focus was not on the relationship that an individual has with God. This study's focus was more on understanding Catholic clergy's competency through their own experiences in relation to fear-driven anxiety as a response of self-protection. As such, this study involved the application of ETAS theory as a potential explanation of anxiety based on the more primitive psychiatric symptom of fear. When fear is produced from threat, it debilitates the parishioner with overwhelming anxiety and worsens individual well-being.

The transferability and clinical application of this study was addressed through phenomenological related aspects that shaped and drove the study. Interpreted data and given transferable sources to other researchers interested in this topic of study, were noted with careful precautions that activated true authenticity developed. This included the additional thick description of setting, participants, and detail in the settings was expanded upon. The ultimate transferable goal was of produced and developed descriptive and context relevant statements that placed trustworthiness on clergy participant experiences so that this study can be broadened and developed further in comparison to others. Furthermore, comprehensive descriptions of the data allow future

researchers to make comparisons with other denominations and/or contextual factors that were not represented in this particular study.

Limitations

Due to its phenomenological design, one limitation of this study is that it may be difficult to replicate. While the goal of a qualitative study is not to produce findings that can be directly applied to other settings, it was my desire to find meaning and understanding from the perspective of clergy leadership. As I pursued this aim, the complex patterns that emerged were time consuming to analyze.

Other limitations included constraints that were outside of my control as the researcher, such as those involving the time that clergy leaders had spent individually with parishioners in face-to-face counseling, mental health training access with ordination requirements, and seminarian educational training prior to the clergy leaders assuming their job roles. In terms of dependability, the reasonable problem and gap in the literature was expanded upon by me and lacked consistency with data; this was a concern in relation to thematic interpretation. Researcher bias was evident while the method, core constructs, and concepts were being simultaneously developed.

Reasonable measures that I took to address the study's limitations included repetitive reviews, including multiple colleague reviews, of the interview questions with the goal of honoring the needs of clergy participants. In addition, I applied professional gatekeeping strategies that are effective in qualitive interviewing, along with continuously learning the qualitative art of hearing the data (Rubin & Rubin, 2012). I honored the data regardless of the outcome, whether it proved to be highly or

insignificantly related to bridging secular and nonsecular counseling and clergy professions.

Significance

Little is known about the knowledge that Catholic clergy have in the church setting for recognizing and then effectively counseling Christian clients who are experiencing anxiety motivated by fear-related suffering; this study was conducted to address this gap in the literature (Brueninger et al., 2014). Additional research is needed on the value and results of mental health care that is carried out by clergy in the church setting. Such research may effect positive social change by joining both secular and nonsecular professional practices as well as additional social supports with community mental health and church collaboration ideas (Wang et al., 2003).

The implications that were consistent with and bounded by the scope of the study included the narrowed view of a singular denomination that shared only the viewpoint of Roman Catholic clergy leaders. The narrow participant sample was taken randomly as only a snapshot of the broader representation that would occur with a larger Catholic clergy sample size. Moreover, in other parts of the globe, the data might present thematically in different ways than in the Great Lakes Region where this study took place.

The goal of this study was to contribute clinical research that described the relationship between religious people who are seriously anxious and the clergy counseling role. The deepened understanding achieved through this study adds to the field by increasing knowledge and awareness for Catholic clergy as well as secular

mental health professionals. My hope in conducting this study was to bring to the surface some type of pathway or create mutual understanding for both secular and nonsecular worlds that addressed pervasive fear-driven anxiety experienced by parishioners and to shed light on its seriousness as a personal issue for believers (Chatters et al., 2017). Additionally, the goal was to provide understanding of the Catholic denomination and the interviewees perspectives as representatives in the specific church setting while addressing the overarching counseling education and training needs of clergy leadership.

Summary

Chapter 1 described the topic of this study, which was the shared competence that Catholic religious leaders feel that they have when working with a believing parishioner who seeks serious anxiety counseling support. Existing literature on this topic has addressed Protestant denominations such as Baptists. In addition, clergy leaders from groups such as Korean Americans and African Americans have been represented in the existing literature, as have rural clergymen. However, scientific, and religious literature has provided evidence that there was a gap in the Catholic denomination church setting and Catholic clergy leader perception representation.

There are social consequences of the rise in medical problems such as heart disease from debilitating anxiety that psychosomatically mark individuals. Also pointed out is the notion that religious background and the alignment that I built with my own supposition directly links to the idea that seeking religious counsel as a frontline defender as support is positively related by providing uplifting relief from negative consequence's anxiety holds on the parishioner. Historical research is rooted in Eastern philosophy,

which shows strength in promoting positive well-being within a religiously ignited domain and the gap of mental health knowledge. Today's western worldview is filled with unrelenting stresses, which may be extremely dangerous and may be associated with endlessly added demands that continuously increase fear- or worry-driven anxiety as a social and personal problem for the individual. The need to bridge secular and nonsecular professions was stated with consensus of the Mussar movement and reference to additional studies that build upon the theoretical framework of ETAS theory and conceptual phenomenological undertones. These address the belief in God, evolutionary or primitive brain systems, attachment to God, and the potential advantageous association with psychiatric symptoms that accompany anxiety.

The qualitative research design was discussed, as well as the phenomenon of serious anxiety motivated by fear. Additionally, the concept of mental health literacy or competency knowledge was explored and used to manage the three research questions. To recap, the research questions were as follows: (a) What is the understanding that Catholic clergy have regarding debilitating anxiety-related mental illness? (b) To what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive anxiety-related mental illness? (c) What strategies do Catholic clergy describe that they use with seriously anxious parishioners?

The nature of this study was addressed as an internal perspective, and the key concepts of anxiety, phenomenology, and clergy leadership job levels and educational training were all addressed in more detail. I described how data collection occurred through a semistructured interview process, as well as the limited participant pool drawn

from the Catholic Diocesan Directory. Additionally, I addressed my personal religious affiliation and researcher bias.

Clergy leaders who held the job titles of priest or deacon were considered as participants for the study and as such created additional strict borders. Assumptions, boundaries, limitations, transferability, and dependability were briefly touched upon in this chapter and are expanded on in subsequent chapters.

By conducting this study, I sought to advance the fields of religion and psychology as well as increase knowledge and awareness in both professional fields. In Chapter 2, I provide a synthesis of the literature that was relevant to the gap that I addressed in this study. The studies covered in the review of literature relate to the three research questions and address other perspectives in the psychology of religion.

Chapter 2: Literature Review

Introduction

Chapter 2 contains a review of literature that ties current and related studies to this study's three established research questions. This chapter begins with this study's purpose and problem and then moves to current and relevant research. I then discuss the 3-year period targeted by the literature review and provide specific information on the library databases and search engines used, including keyword search terms. I provide background information on the study's theoretical foundation, ETAS theory, as well as information on anxiety as a fear-motivated phenomenon alongside evolutionary hard-wiring. I address the work of MacLean and the concept of the triune brain and develop other key concepts. I also describe Catholic clergy roles, job levels in the church, and educational training for clergy. In this chapter, I dive into current literature that was relevant to the research questions that were at the center of this qualitative investigation.

Purpose and Problem

The purpose of this study was to explore clergy members' understanding and awareness of anxiety related to their parishioners within the Roman Catholic church, their mental health literacy knowledge of fear-driven anxiety, and their spiritual counseling practice when working with parishioners with anxiety. Social science research with religious framing provided minimal data that conveyed the mental health knowledge that Catholic clergy use in their jobs as spiritual counselors to effectively direct the route of healthy well-being when a parishioner presents to them in a counseling role with excessive anxiety-related problems. Anxiety is regarded as a mental health problem when

symptoms take on heightened levels of seriousness that interrupt a person's day-to-day functioning with routine matters (NIMH, 2017). Many cases of anxiety lead to the development of comorbid psychiatric disorders such as substance abuse or depression, which serve as evidence of the potential severity of the symptoms that can accompany anxiety (Crocq, 2015, 2017).

Current Literature Problem Relevance

While research is accruing regarding the involvement of clergy with mental health concerns, current literature indicates that such practices of Catholic clergy remain undescribed. Kitchen-Andren and McKibbin (2018) noted that there is a distinct need for clergy leaders to increase mental health literacy. Through thematic analysis, I sought to contribute to the understanding of this issue with the overarching goal of providing clarity on the education and experiences that clergy had when counseling parishioners with anxiety. The clergy interviewed for this study had the job titles of priest or deacon. Their point of view had relevance to this study, which was meant to provide clarity from a clergy leadership perspective and address individuals' mental health literacy knowledge concerning anxiety. Each perspective built a deeper understanding of the work that clergymen practiced as they encountered believers looking for spiritually focused counseling support.

Clergy leaders who work in congregations are often the first line of defense for troubled adult individuals. An estimated 25% of parishioners go to their clergy first with mental health concerns rather than consulting health care professionals (Wang et al., 2003; Wong et al., 2018). Clergy leaders' jobs entail the provision of spiritually ignited

direction or counseling guidance to lead believers on a path toward positive well-being. The goal of these leaders is to lessen the overwhelming burdens of psychiatric symptoms that anxiety manifests. This study is of importance and value to the advancement and consideration of secular and nonsecular helping professionals in science and religion and was necessary to help fill the Catholic denomination representation gap in the current literature (Anthony et al., 2015; Kitchen-Andren & McKibbin, 2018). This study was justified by the need to bridge the gap in the existing research by developing a deeper understanding regarding the process that Catholic clergy leadership used to identify perceptual and educational competency with spiritual counseling for parishioners with persistent fear- or worry-driven anxiety.

In the remainder of this chapter, I describe the extensive literature search strategy, the theoretical and conceptual foundations of the study, and key variables and concepts. I address key studies concerning psychiatric symptoms, religious defense, and anxiety in the primitive brain that speak to the gap in the literature, which I outline with respect to each of the study's three established research questions. An exhaustive search of the literature demonstrated and supported the current lack of mental health literacy among Catholic clergy leaders and the need to bridge understanding for mental health professionals.

Literature Search Strategy

In completing a comprehensive search over more than a 3-year period, I spent time reading empirical articles and books that were critical to the construction of this study. It was during this thorough search that the gap in the literature was revealed and

presented itself as a potential study. I searched with broader article dates spanning across the past 20 years or so, and then incrementally narrowed my search down to the most current literature dating back approximately 5 years. This gave me the ability to understand the patterns of research conducted previously regarding clergy knowledge and mental health literacy in various religions. It was evident in the extensive literature search that there was a lack of studies that addressed the Catholic religion and clergy leaders' mental health awareness with parishioners who sought counseling help with fear-based anxiety and the challenging psychiatric symptoms that accompany this mental health problem.

Accessed Library Databases and Search Engines

After I completed an initial broad literature search covering the last 20 years, it quickly became evident that there needed to be a narrower approach to searching for related content published within the last 3 to 5 years. The various strategies used to explore the literature in this study within the past 5-year timeframe included the use of PsycINFO, PsycARTICLES, SAGEpremiere, Academic Subject Search Complete 7databases, Walden University's library electronic delivery system, the Google Scholar search engine, and article update alerts.

Keyword Search Terms and Relevance

It was necessary to use keyword inquiry and to type in related search terms. More than 20,000 results were given by the Google Scholar search engine in relation to psychology and religion since 2016. This was not a manageable number; therefore, entering keywords and germane search terms became the relevant and iterative search

process. This allowed me to sift through unrelated articles leading to ones that were beneficial for the construction of this study. The keyword search included terms such as *clergy*, *anxiety*, *mental illness*, *religion*, *spirituality*, *phenomenology*, *evolutionary threat assessment systems theory*, *evolutionary psychology*, and *Catholic Church*. The subject and key phrases search included phrases such as *psychology and religion*; *clergy leaders and mental health awareness*; *clergy experiences and parishioner anxiety*; *anxiety and evolutionary threat assessment systems theory*; *primitive mind and religion*; *religion and the individual*; *religion and the parishioner*; *anxiety, threat, and religious counseling*; *religious leader and mental health perspective*; *clergy leader and mental health literacy*; *religious leader and serious mental health literacy awareness*; and *anxiety in the Roman Catholic Church*.

There is an abundance of literature on religions other than Roman Catholicism whose clergy leaders counsel parishioners with depression in their respective congregations; however, parishioner anxiety and the Catholic Church have been underrepresented in the literature (Jang et al., 2017; Kane, 2003; Kitchen-Andren & McKibbin, 2018; Leavey et al., 2007; Newberry & Tyler, 1997; Stansbury et al., 2009). This deficiency of Catholic representation was revealed as the gap in the existing literature. Thus, it was important to give voice and perspective to clergy leaders concerning their counseling role in the Roman Catholic Church as they encountered parishioners with debilitating anxiety.

Theoretical Foundation

MacLean and Theory Contribution

My hope for this study was to honor early scholars' perspectives while clarifying the need for the collaboration of psychology and faith-based counseling services. The theoretical foundation created alignment to psychological application as it pertained to psychology and religion. In this section, I discuss the work of Paul MacLean, originator of the evolutionary concept of the triune brain; anxiety as a threat fixed in primitive hard wiring; and ETAS theory. ETAS theory serves as the theoretical foundation for an understanding of threat assessment and anxiety driven by fear with related psychiatric symptoms as a serious mental health problem in the primitive brain.

The evolutionary conversation begins with the work of MacLean for two reasons: (a) the triune brain gives a brief historical backdrop for MacLean's contention that psychiatric disorders have an evolutionary base, and (b) the theoretical foundation used for this study was grounded on the work of MacLean, who is an important figure worthy of mention. MacLean's evolutionary understanding led to the development of ETAS theory as it was developed in a paper written in 2007 by Flannelly and colleagues and later published in a comprehensive book in 2017 by Flannelly.

Triune Brain

MacLean (1913-2007) was an American physician and neuroscientist who developed the notion of the "triune brain" and used this concept to explain the viewpoint that psychiatric symptoms have an evolutionary source (Holden, 1979; MacLean, 1990; Newman & Harris, 2009). According to Lambert (2003), MacLean thought his research

needed to move in the direction of brain work once he made the connection that his patients were dealing with anxiety-related symptoms that could not be explained by any bodily sources. Furthermore, "MacLean coined the term 'evolutionary psychiatry' and established its neuro-anatomical foundations" (Flannelly, 2017, p. 71).

MacLean looked at evolution and psychiatric problems and contended that humans have three distinguishing brains that evolved at different points in time (Flannelly, 2017; Flannelly et al., 2007; MacLean, 1985, 1990). MacLean called the oldest part of the brain, or the basal ganglia that works automatically, the *reptilian brain*. MacLean extended animal investigation and what scientists knew about motherly actions in mammals and the role in emotion, and his focus was based on the earlier work of James Papez from 1937 (MacLean, 1985, 1990; Papez, 1937). MacLean described the limbic system as the *paleomammalian brain*, which is the second in the evolutionary lineup associated with mammals and the responsibility of maternal emotions (Flannelly, 2017). The third or newest part of the brain to evolve, the neocortex, is the *neomammalian brain*; this brain correlates with self-protection and danger judgment (Flannelly et al., 2007; MacLean, 1985, 1990). According to Flannelly (2017), the evolution of the neomammalian brain allowed humans to engage in a more "flexible response to environmental challenges to survival" (p. 75).

Anxiety: Fear-Based and Evolutionary Hard-Wiring

It is important to note that attention has been paid within the sciences to the brain and evolutionary hard-wiring reactions to dangerousness. For this study, I defined anxiety as a response to threat or the awareness of danger and used evolutionary threat

assessment as a theoretical backdrop. The primitive process was used to support the foundation that bridged anxiety as an evolutionary process and the hypothesis that religion, more specifically religious counsel, has an uplifting approach to lesson anxious symptoms. Researchers have found that faith belief causes movement for psychiatric symptoms in the brain (Flannelly et al., 2007; Flannelly & Galek, 2010). Generally, there are four main structures of the primitive brain that are associated with fear/anxiety in both the human and animal brain. According to Flannelly (2017), the amygdala, which is part of the limbic system (paleomammalian brain), has the task of producing fear, which involves the assessment of potential life-threatening situations by alerting the individual. Davis (1992) noted that the amygdala is a key source of fear and anxiety in the human brain and presented this connection in clinical animal research. In addition, the amygdala is said to operate under the "better safe than sorry principle" (Flannelly, 2017, p. 79). This principle keeps the potential threat of danger at bay as the individual, with the help of the prefrontal cortex, draws a conclusion as to whether fear is warranted in a given situation (Flannelly, 2017).

Evolutionary Threat Assessment Systems Theory

To better understand a potential path for religion affecting the brain, one can turn to ETAS theory. In its earliest application, ETAS theory was brought to light in 2007 in a paper written by Flannelly et al. This new theory emerged from the work of MacLean, a brain scientist, who contended that psychiatry could be understood through evolution (Flannelly & Galek, 2010; MacLean, 1985, 1990; Newman & Harris, 2009). MacLean (1985, 1990) maintained that three brain structures were responsible for the evolution of

the brain: (a) the basal ganglia, associated with the reptilian brain; (b) the limbic system, associated with the paleomammalian brain; and (c) the neocortex, associated with the neomammalian brain. Cognitive psychologists such as Beck and Gilbert were interested in this notion and supported the evolutionary viewpoint and its connection to psychiatric symptoms (Beck et al., 1985, Gilbert, 1984). According to Flannelly and Galek (2010), ETAS theory looks at primitive brain system functioning as a reasonable source for psychiatric symptoms.

In addition, the parts of the brain that are the focus of ETAS theory are involved in the assessment of safety, threat, and belief (Flannelly, 2017). Parts of the brain react differently, and assessments in similar circumstances may struggle with one another. Environmental adaptations passed down from human ancestors may have paved the way for easier adaptation now. The assessment system may now trigger danger when there is no danger, creating a false alarm (Beck et al., 1985; Flannelly & Galek, 2010). Prolonged psychiatric symptoms may occur when defenses are triggered, reflecting compulsiveness (Flannelly & Galek, 2010).

A study conducted by Flannelly et al. (2009) showed that there was consistency in findings within the context of religion (belief), anxiety, and ETAS theory. Predictions were founded and revealed that a system of belief in God as a sense of security lessened psychiatric symptoms of anxiety. Further, strength in belief in a close and loving God had significant beneficial overtones for psychiatric symptoms (Flannelly et al., 2009). Galek and Porter (2010) found evidence that supported the inquiry of what the relationship was, if any, between mental health and religion. This inquiry was relevant to this study, which

indicated that the clergy/parishioner relationship was used for functional and/or strategic coping and/or social support and was potentially used in a positive way to reduce anxiety for better overall mental health. In other words, religious uplift from clergy leadership showed a positive influence and possibly lessened persistent anxiety symptoms. This study expanded this inquiry to examine religion not just in generic terms, but also in terms of a clergy person's role as counselor in a specific religious setting (Roman Catholic Church) and counseling specific to mental health (i.e., counseling for anxiety-related symptoms).

For this study, I acknowledged previous research on the primitive brain and the evolutionary viewpoint and attempted to tie ETAS theory to the reduction of psychiatric symptoms of anxiety for believers in the church setting (Stein & Nesse, 2011). I sought to inform readers of clergy leaders' viewpoints to establish understanding through a phenomenological lens while positioning this research parallel to the theoretical foundation and key concepts. ETAS theory was chosen for this study because it provides a basic understanding of the primitive origins of anxiety in the human brain. ETAS theory was an important framework for this study because psychiatric symptoms for persons with mental illness, specifically anxiety, are the result of threat assessment systems that evolved over time as a means of protection (Brune et al., 2012; Eilam et al., 2011; Flannelly, 2007, 2017; Neuberg et al., 2011). This knowledge of the brain and threat response can be useful for religious application and has been established in previous studies (Flannelly et al., 2009; Galek & Porter, 2010). In addition, the research questions presented in this study related to an uplifting association with an evolutionary

perspective, human experience, the pastoral counseling role, and individual anxiety response in the Church setting.

Conceptual Framework and Phenomenology

Chapter 1 discussed the use of phenomenology in an intentional way to capture the essence or lived experience of the data from clergy participants. Edmund Husserl published *Logical Investigations* in 1900, and this publication planted the seed for phenomenology to be studied philosophically both as a movement and discipline (Vagle, 2018). Husserl talked about intentionality as he meant it to, "slow down and cognate our intending" (Vagle, 2018, p. 7). It was my intention to follow the plan that was laid out methodologically for this study, however, I was open to changes that accompanied this design throughout this investigation of the lived experience description. The intentionality for this study was outlined in the goal that captured how priests and deacons in the Roman Catholic Church were connected meaningfully with their parishioners who experienced troublesome anxiety symptoms. This connection was shown as the clergy roles in the Catholic Church were thoroughly discussed in a later section and provided a picture of how much clergy leaders interact or are given face-to-face time to counsel their parishioners. This viewpoint was much like Eastern philosophies such as Buddhism and Taoism that stressed the idea of interconnectedness (Vagle, 2018). Applicability was emphasized with key elements of the descriptions gained from the clergy participants. Assumptions previously outlined in detail were applied with bracketing that reduced phenomenon and found psychological meaning (Giorgi, 2009; Vagle, 2018). The applicability for this study is extended to the next

sections that outline greater depth of literature review and highlight connections to this study.

Literature Review Related to Key Concepts

This section includes key concepts that relate to this study. The in-depth literature review includes the discussion of the literature that directly related to each of the three research questions, and follows the detailed summary with the study's key conceptual concepts: (a) anxiety phrasing and fear, (b) clinical application of ETAS theory, (c) Catholic clergy job roles as they apply to levels in the Roman Catholic Church setting and why priest and deacon job roles were ultimately decided upon for participant selection, and finally (d) discussion of the results of online search of clergy educational training in mental health. This thorough synthesis blended information and ideas from a variety of sources and previous studies. To maintain clarity each of the three research questions were presented again individually followed by the key studies, ideas, and/or concepts intentionally useful for this study's construction. It integrated and highlighted key points through phenomenon of parishioner anxiety through the eyes of clergy leaders in the church setting and future data collection. The first research question of this study asked, what is the understanding Catholic clergy have regarding pervasive anxiety related mental illness? A long history exists in the relationship of psychology and spiritual based healing (Kurian, 2017). As a result, denominations continuously develop educational, ministerial, and online religious resources to support struggling individuals. This working relationship between the mental health professional and individual, or clergy leader and parishioner, is rooted from the same place in terms of their foundational drive and goal of

assisting a person who is hurting therapeutically. Individuals seek clergy when they are experiencing debilitating distress from anxiety. Americans solicit clergy assistance because they are interested in spiritually interwoven therapeutic coping when they have mental health problems (McHale, 2004; Woodruff, 2002). McHale (2004) wanted to understand the counseling perspective of Catholic Priests and how they view success and non-success in the therapy room. The participants revealed different levels of education and training. For example, some had only an undergraduate psychology course, and some had family systems counseling coursework (Mchale, p. 8, 2004). Conclusively, McHale (2004) described themes that had potential to directly connect to this study which was revealed from the clergy participants. The first is, knowledge of therapeutic skills: clergy revealed particular skills did help them with counseling and included things such as (a) active listening, (b) communication, (c) empathy/compassion, (d) assertiveness, when necessary, (e) self-knowledge, and (d) knowing referral services (p. 10). The second theme was trust and boundary issues. Clergy participants shared those issues with parishioner "Catholic guilt" loosely defined as the acceptable/non-acceptable Catholic rules and was an area where participant viewpoints and skillset in counseling varied. For example, the firm or relaxed perspective from the clergy participant regarding the justification of relationships outside of marriage. The third theme from McHale (2004) was supervision and support, and evidence provided that, "…no formal opportunity for addressing counseling concerns…" was made available for clergy (p. 12). However, it was stated that clergy had some relief with seeking assistance with counseling advice from two sources: (a) other priests, and (b) mental health providers. Next, referral was

discussed, and revealed that all of the clergy participants had in fact made referrals to other mental health providers when needed and felt some level of comfort in doing so. The fifth theme addressed was the differences in counseling practice related to background training and years of experience (McHale, 2004, p. 13). This theme focused on duty to break confidentiality if parishioner was a threat to self or others, comfortability and understanding of mandated reported roles, referral, and of key importance to my study is that, "each agreed that seminary education was inadequate for him to feel comfortable counseling others" (McHale, 2004, p. 14)."The pew" and "the couch" viewpoints exhibit differences either amenable or contentious (Sullivan et al., 2014, p. 1267). Sullivan and colleagues (2014) shared the view that partnership between mental health care providers and spiritual collaboration was unhurried. It was beneficial to keep in mind that the goals for both spiritual and mental health providers typically shared the same health and wellness goals for the individual coping with mental illness related psychiatric symptoms. Ross and Stanford (2014) discussed that throughout the lifespan almost half of Americans met the diagnostic criteria for at least one mental health disorder. Individuals turned to clergy first as initial defense when there was a mental health problem concerning them (Ross & Stanford, 2014; Wong et al., 2018). The job role of both priest and deacon was broadly described as one in which there was face-to-face interaction as spiritual guide with life problems. When couch time (secular) and pew time (nonsecular) therapy was combined, benefits arose. Woodruff (2002) shared that more than 3 million hours were spent in pastoral counseling annually. Currently, Catholic clergy as counselors has challenges when counseling in the pew. Clergy leaders have

identified areas that created challenges when counseling in the church a) boundary and rapport difficulties, b) incomplete counseling literacy and competency with counseling skills and techniques and theoretical counseling basics, c) lack of counseling supervision in the clerical counseling job role, and d) lack of referral skill that led to problems of burn out, discouragement, and feeling unable to meet the individuals mental health needs (McHale, 2004, O'Kane & Millar, 2002). According to O'Kane and Millar (2002) there was minimal research on the work that Catholic Priests do because of reasons such as the negativism between the counseling profession and clergy. They found that clergy were hesitant to share what they do in their job role as Catholic Priests and the tendency to have a traditional viewpoint that working with a parishioner is, "…confidential and private" part of the work they provided for their congregation (p. 189). Furthermore, O'Kane and Millar (2002) described in their findings that their clergy participants held preference to counseling their parishioners but importantly acknowledged their lack of use and understanding of using strategic counseling skillsets. Their work was described as, "atheoretical and tended to refer to a limited range of basic communication skills, as opposed to counselling skills" (O'Kane & Millar, 2002, p. 201). Openshaw and Harr (2009) addressed the need for mental health professionals and clergy alliance. The sample set included 24 clergy in both rural and metroplex communities in northeastern Texas area from different religions and congregation sizes. Clergy participants were interviewed with 9 open-ended questions such as, "do clergy understand the differences in the types of mental health professionals such as social workers, psychologists, and psychiatrists, or what are the attitudes held by toward mental health professionals"

(Openshaw & Harr, 2009, p. 306)? The findings revealed seven major points from the interview questions. First, clergy were actively involved in helping parishioners with mental health issues. Second, clergy responded to the mental health problems based on their own competency and time limitations. Third, clergy leaders had strong preferences toward mental health professionals who were religious and whom they trusted when they did a referral. Therefore, this spiritual component of the healthcare provider was unanimously important to clergy participants. Fourth, clergy in rural areas did not refer to social service agencies that were far away, rather, they referred to mental health providers in the neighboring area. Fifth, rural clergy wanted the chance to partner with other healthcare providers due to feelings of seclusion. Sixth, clergy competency lacked understanding regarding professional mental health licensure and expertise training differences. Finally, clergy were open to working in partnership with licensed providers.

The second research question in this study asked to what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive anxiety and related mental illness? Existing literature revealed that the bridge between clergy and mental healthcare providers lacked communication, role confusion, referral practice, and clinical training (Leavey et al., 2007; Polson & Rogers, 2007; Sullivan et al., 2013; Zickar et al., 2008). Polson and Rogers (2007) examined 51 churches counseling and referral practices of Protestant denominations presented from church staff. The findings indicated that only a slight percentage of church staff referred parishioners to mental health providers. In addition, capability was addressed and revealed that the longer the time church staff spent with individuals counseling the more capable they believed they

were to counsel. However, church staff also expressed that they did not feel adequately trained with previous education to work with parishioner mental health problems. Woodruff (2002) identified an American perspective to pastoral counseling. The emphasis for this study was that pastoral counseling consisted of interwoven counseling and psychotherapy practice, clinical graduate academics in both psychology and religious studies, and extensive specialized mental health and supervision requirements with the American Association of Pastoral Counselors (AAPC) that developed in 1964. Furthermore, Woodruff (2002), who identified as Baptist Minister and Pastoral Counselor, discussed that practice in pastoral counseling included areas such as (a) loss and attachment, (b) communication and conflict resolution, and (c) marriage and family genealogy. He further shared that depression was a common psychiatric problem he saw in the therapy room. Bledsoe and colleagues (2013) pursued the facilitation of collaboration between clergy and parishioners to overall mental health wellness and mental health stressors clergy faced in this role themselves. In addition, questions that addressed the mental health needs of parishioners and clergy, stressors for clergy, clergy training, referral, and partnership preferences, and most often seen mental health issues clergy were seeing were asked. The clergy participants revealed that regarding mental health knowledge, "…19% indicated that they were very knowledgeable, 77% endorsed having some knowledge, while the remaining 4% indicated that they were not at all knowledgeable" (Bledsoe et al., 2013, p. 32). Moreover, this study showed that clergy intervened in a counseling type of role in high-stress level situations like suicide, crisis intervention, homelessness assistance, and abuse-type scenarios. Clergy members voiced

that among those that suffered the most amount of stress was non-white and in charge of the smallest churches (Bledsoe et al., 2013).

The third research question asked what strategies do Catholic clergy describe they use with a seriously anxious parishioner? This was an important question to invoke because faith-based clergy leaders share the job as frontline workers with mental health professionals when it comes to providing counseling and coping skills for parishioners experiencing life problems. Moran and colleagues (2005) sampled 179 clergy and found that less than half of the sample had any clinical pastoral education. In addition, typical time spent visiting people was, "3.7 hours per week" (p. 262). Interestingly, participants were asked about competency beliefs or confidence in handling mental health issues. This was a worthwhile facet to understanding the connection and skillset necessary to counsel a parishioner. Clergy reported higher confidence when the individual presented with, "traditional kinds of problems," such as death and dying or grief (Moran et al., 2005, p. 263). However, clergy leaders felt less proficient of handling depression. Additionally, Moran and colleagues (2005) stated that their participants reported consulting with referral partnerships (other pastoral counselors or social workers) only occurred a couple of times yearly. Mental health literacy addressed the knowledge one feels they had in the psychology domain. Vermaas and colleagues (2017) were the first researchers to conduct a study in the United States using the mental health literacy scale with different clergy denominations. There were 238 participants with 49.6% Evangelical Protestant, 32.8% Mainline Protestant, 16.4% Catholic, and 1.3% Black Protestant. The results indicated that both Catholic and Evangelical Protestant clergy displayed above

average mental health literacy (Vermaas et al., 2017). In addition, the number of post-secondary educational training increased mental health literacy knowledge, and in this study the majority of participants had high educational achievement status. In summary, Vermaas and colleagues (2017) remarked that their study showed that clergy had an awareness of mental health, satisfactorily understand treatment, and were open to referral practices. However, the question was still raised as to why there remained a communication gap between clergy and mental health practitioners. Could part of this be found in research areas such as clergy job satisfaction, educational training, interprofessional collaboration, and/or the loose label perception and use of the term counselor? Zickar and colleagues (2008) addressed moderators that pertained to the clergy job role itself. They took a close look at factors such as role conflict, role overload, social support, organizational commitment, and work-related support. The sample size was 190 Roman Catholic Priests at a midwestern diocese and role stressors for priests was negatively related to their job attitudes and social support was positively related to job outcome variables (Zickar et al., 2008). In addition, the source of support made a significant difference with helping priest's handle work stress overload. For instance, peers (other priests), church staff members, and parishioners had a significant effect on job stress because in many instances these individuals acted like barriers to the stress (Zickar et al., 2008). Educational training was addressed throughout this paper from various studies, and it was discovered that less educational training with clinical focus was a source of discomfort and lack of competence for the clergy leader when it came to referral, comfort level, and counseling mental health related problems. Thomas (2012)

discussed interprofessional collaboration where it was defined as, "…purposeful sequences of change-oriented transactions between or among representatives of two or more professions who possess individual expertise…" (p.100). Additionally, the two professions had a mutual goal, in this case, clergy and mental health professionals shared the common goal of helping others through life problems. There are benefits and obstacles to this type of collaboration as some of those barriers have been discussed throughout this paper. Lack of communication among the professions fall into this trap. Thomas (2012) took a close look at the two systems of mental health services and the Church with a sample of 149 Protestant white males that provided pastoral counseling with the objective of understanding what allows interprofessional collaboration with clergy leaders and mental health providers. This was done by looking at academic level of education, communication and teamwork types of skills, and trust with mental health providers in counseling (Thomas, 2012). Thomas (2012) found that teamwork and communication, trust, education level, and interprofessional education all had a positive effect on interprofessional collaboration. Additionally, interprofessional and academic education had a significant contribution to interprofessional collaboration, which meant that clergy that had more education were more likely to partner with mental health professionals outside of the faith setting (Thomas, 2012). Mental health service delivery addressed what clergy are exposed to in their role as counselor. Taylor and colleagues (2000) discussed the role that clergy had in the delivery of mental health services in black churches. This was clarified through a literature review with special notice given to the delivery services, where clergy provided formal programming and services (e.g.,

counseling) as well as informal services (e.g., clothing/food programs). Additionally, this review revealed that clergy were consulted for psychological reasons (e.g., bereavement or grieving), and there was a distinct advantage (e.g., treatment expense) for the poor for using clergy over other types of professional counselors (Taylor et al., 2000). Taylor and colleagues (2000) also found that in general, only an estimated 10% of clergy used referral services and they were not familiar with any referral process. Additionally, Ministers were involved in things like crisis intervention counseling and counseling people with a pre-existing mental health diagnosis. This review did not go into detail in regard to specific counseling strategies or techniques Ministers in the black church used, however, one assumed that the skillset for crisis intervention was of importance and the use of basic counseling skills such as attending, listening, immediacy, and rapport building would be of great benefit.

The following section discusses anxiety in terms of its phrasing and as a fear-based notion. Anxiety has been described historically based on literary depictions where religion and mythology played vital roles in description. Tracing its roots and the stages of phrasing that anxiety has gone through changes. This metamorphosis was evident in the early stages when this term was largely noted throughout the work of philosophers, theologians, psychiatrists, and physicians. For instance, classical Greek civilization in the 4th-5th centuries BCE shifted away from mythological and religious thinking and focused their attention on anxiety in a more disease-oriented lens (Horwitz, 2013). Furthermore, the classical discussions in the literature were heavily focused on anxiety phrasing as fear stemmed from situations which were threatening.

Phrasing and Fear

Fear-based anxiety can produce relentless consequences such as elevated physical reactions, negative behaviors, moods, or thoughts. Worry or angst phrasing has been used historically to describe what was known since doctrinal times. Crocq (2015) explained in the book of Job (7:10), that Job expressed anguish in a way meaning, "the narrowness (tsar) of my spirit," and as such the connection of the Latin root of anxiety (angst) means (narrowing or constricting) and was established early in the biblical Hebrew language. During Ancient Greece to the current century, there has been different terms and phrases for anxiety used such as mania, hysteria, melancholia, paranoia, neurocentric orientation, anxiety neurosis, reaction anxiety, or phobia (Crocq, 2015; Horwitz, 2013). The term was used in the general form, anxiety, for this study. In other words, it was used in terms of a disorder where the believer or parishioner feels some type of threat and as a result of that threat experience extreme worry or fear and as a result of that fear, develop psychosomatic symptoms like extreme sweating, excessive shaking, or rapid heartbeat. Treatment in early days was based on the basic reaction of somatic or body sensations one felt as they described anxiety to early physicians. The goal of the Greek Doctor was to bring the body balance and that would in turn cure the hysteria or mania. Although, there were many different names for anxiety early on when tracing its history, it is important to establish that as far as psychiatric jargon the word anxiety is established later in the sciences. According to Horwitz (2013) the term anxiety appears in Rollo May's book in 1950 called, *The Meaning of Anxiety*. Currently, when a person describes anxiety to another it is typically supported by some type of uncomfortable psychosomatic feeling

as a result of fear, panic, or worry. For example, butterflies in the pit of the stomach, pounding headache, or extreme sweating which all relate to bodily mechanistic actions. According to Stein and colleagues (2000) anxiety disorders are described now in more collective terms than was the case historically. Focusing on the psychosomatic characteristics with psychiatric problems that anxiety brings forth to the individual paved the way for the basis of this study's theoretical foundation.

In the interest of noting what is generally understood by lay society and the agreeable common language likely used by the clergy participants in this study, the Oxford dictionary notes the term fear has its origins in Old English with the meaning of calamity or danger. Furthermore, fear is defined today and used commonly among lay persons as, "an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain, or a threat" (Oxford Dictionary, 2020, para 1). When completing searches for synonyms of the term, other key alternative words found to describe fear included (a) fright, (b) alarm, (c) panic, (d) terror, and (e) trepidation. One cannot help but have the immediate understanding that the term has a meaning that is an unpleasant one; furthermore, the intense fear that one may feel may result in the anxiety-related symptom such as sweaty palms that is a key psychosomatic symptom example of this study. As an individual feels this fear in an intense way, it creates psychiatric problems for that person. According to Flannelly (2017) prior to the evolution of the amygdala the idea of fear as we understand it in today's world was not part of human consideration. Furthermore, the amygdala is responsible for the perception of emotion and is accessed when there are harmful threats of danger meant to give the individual a

warning to be careful (Flannelly et al., 2007). As has been mentioned earlier, warning signs may come in the bodily forms of excessive sweating, an increased beating heart, or butterfly feelings one has in the pit of their stomach that something is not right. As Flannelly (2017) noted, the four main areas of the primitive brain (a) prefrontal cortex, (b) limbic system, (c) basal ganglia, and (d) brain stem work together to assess threat systems, "…that make the evaluations that underlie psychiatric symptoms" (p. 128).

The next section discusses the role of Catholic clergy in detail ranging from specific job levels to educational training. This was important because it provided the rationale of why the job roles of priest, and deacon were specifically selected. Furthermore, it acknowledged the potential level of face-to-face interaction that each assigned job role/level may likely have working with parishioners. This became key for this study because as mentioned earlier in chapter 1, an assumption for clergy participants was that they are continuously exposed to parishioners with ample face-to-face interaction and able to access a counseling role for a parishioner reaching out for help. In terms of future research, understanding clergy job levels may be important to understand if it is a function for the participant pool as it was in this case, as well as the educational training as an imperative point. If it was found that there was a breakdown in the level of educational training and mental health knowledge it could become potentially evident and worthy of mention during the data discussion.

Job Levels

It is important to clarify the job level hierarchy in the Catholic Church because all can be considered clergy leaders to the lay population. This section discusses the job

levels in the Catholic Church and pays special attention to the jobs that include one-on-one or face-to-face interaction with a parishioner in the church. This was an important part to this study because it revealed the rationale as to why I chose to eliminate all of the job roles in the Catholic Church other than the two of priest or deacon. The ancient Catholic Church in correlation to the Canon Law in parenthesis throughout this section, defines each role of the church leader from Apprentice to Institution. Each of the levels have a unique role in the church as well as their described job role and how much or how little face-to-face interaction each have with parishioners. This in-person interaction was vitally important to this study as it provided a general picture of how much each clergy leader job role/level interacted with potential of counseling a parishioner in the church setting. It also gave meaning to why the specific job roles for the participant was chosen for the interview process and others were not. The first stage, or Acolyte, is meant to describe those that are on the seminary path toward canonical clergy (Canon, 891). According to Barthle (2003) the term Acolyte means "attendant" in today's church an Acolyte serves the altar and helps the priest in anything they may need from things like lighting and extinguishing candles or taking care of alms (p. 1). It stands to reason, that the Acolyte does not have much personal interaction with parishioners. Therefore, the Acolyte was not an appropriate job role to include for participant interview for this study. The next job role stage is level 1, or deacon. Deacons serve in the church setting by reading during Liturgy or Mass services (Canon, 1031). Deacons help the priest when needed by performing various Sacraments such as Baptism or Holy Matrimony, lead prayer and Homilies including Liturgical Vespers, and are called to evangelize one-on-

one with the people. Deacons have the unique benefit of moving between two worlds, where one is ecclesiastical and the other secular. This provided an advantage, where a parishioner could feel more comfortable seeking pastoral direction from the deacon rather than counseling services from the priest. Deacon derives from "diakanos" meaning both service and attending to the person. According to Carrion (2019) deacons have the unique ability to blend into the church more so than a priest would and this gives the benefit of serving the people in a more comfortable way. The role of deacon does have personal interaction with parishioners, and as such are given opportunity of counseling responsibility in the absence of the priest. Therefore, the job role of deacon was appropriate and added in this study's participant pool. The next level is priest and may be known or called from the public as Father. To be ordained, the individual must be at least in the 25th year of age [with] sufficient maturity (Canon, 1031). The job role of priest includes the completion of extensive seminary studies, ability to understand, interpret, and teach the Gospel and Scriptures, and complete all Liturgical duties of the church. Some of which includes performing all Masses as well as the administration of all Sacraments including one-on-one confession for all parishioners. Priestly purpose can be described in three ways: (a) disciple, (b) apostle, and (c) presbyter. The priest is first called to be a disciple of God and is asked to be the first companion of Jesus (Burghardt, 1997). As the companion of Jesus, priests are asked to walk and share their faith both with large groups as well as at an individual level. Second, priests are asked to serve others in the capacity that counsel is taken from the context of the Holy Bible. Priests are to be available to each parishioner personally for guidance and counsel as the parishioner

seeks help with life struggles. Third, priests are not to dictate, but remain in responsibility of the pastoral care of the church. According to Burghardt (1997), "He must be above reproach, temperate, sensible, dignified, hospitable, an apt teacher, gentle, not quarrelsome" (p. 58). One can argue that these characteristics share a striking resemblance to the characteristics of many helping professionals in the counseling field. The character reciprocity was correlated to both mental health and pastoral counselors in that regard. This correlation showed that priests are intended as a first line of defense to counsel parishioners that come to them when they seek advice. For this important reason, the job title of priest was of value and was included in the participant pool for this study. The next 6 levels indicate the least amount of one-on-one time with parishioners. It is of my opinion that the subsequent levels are of a more administrative type, where the roles are for the church. These will be mentioned only briefly as they were not most appropriate job titles used in the participant pool for this study. Monsignor is the next level in the church and the main goal of this job is to directly support the crown officers or Pontificate of the Church. The subsequent level is the Doctor of Divinity, or Right Reverend Doctor, who scribe the word of God. Bishop or High Priest is the following level, and their primary task is, "preserving and continuing the traditions of Apostolic succession with canonical initiatory and doctrinal authenticity" (Canon, 1031, §4). The next level of Archbishop holds culpabilities for other Bishops. They exceed high scholar levels and oversee things such as publication, teaching, and inspiring clergy and parishioners on an international level. Cardinals are the next level and are known as the Canons of the Church. Their responsibility lies in preservation, they are met with the

honor that involves maintaining canonical legitimacy and safeguarding the original sacred doctrines of the church. Pontiff or First Master and Teacher of God is the last level, and they are specially anointed to a sacred Cardinal for the statehood of the church.

Educational Training

There are different routes that a male Catholic can take when receiving a calling or Holy Orders instructed by God to become part of clergy leadership (a) priest, or (b) deacon in the Roman Catholic church. As suggested by Mary (2018) the requirements for Catholic clergy training include (a) seminary sponsorship in their local church, (b) seminary admission requirements that include admission interviews and the completion of a psychological assessment, (c) educational requirements that include, "intensive scholarly coursework, prayer, devotion, meditation, self-examination and experiential training in pastoral ministry," (d) vows to uphold the faith, and (e) education in Gregorian chants, or other languages such as Hebrew, Greek, or Latin (para 4). According to multiple online searches and the combination of different seminary sites that have doctorate degrees in religion or theological studies, courses that are typical in a seminarian program could include (a) Biblical Interpretation, (b) Christian Art and Film, (c) Ethics and Morality, (d) Hebrew and Greek Language, (e) Practical Theology, (f) Religion, Culture and Society, (g) Religious Education, (h) World Religions, and (i) Worship and Prayer. Immediately noticed is that there was no specific psychology or counseling course requirement found in the above-mentioned list. The result of the online search at theological college sites that gave easy access to their coursework, showed that there may be a direct problem with clergy training requirements. According to Ross and

Stanford (2014), 70 seminaries were interviewed in their study and the results indicated that for most accredited Master of Divinity educational programs the graduating seminarians did not have adequate counseling training to address mental health problems for their parishioners. In addition, while there were some courses that offered pastoral care, mental health was not the focal point in the coursework (Ross & Stanford, 2014). This problem related to this study as a potentially damaging route of training where mental health was concerned and negatively impacted clergy awareness of anxiety as a serious mental health problem. In other words, if there was not educational training in mental health literacy clergy leaders were not exposed to mental health and potentially unable to recognize anxiety as a mental health problem. Bledsoe and colleagues (2013) revealed that the lack of completed educational training affected the stress level felt by clergy. Consequently, without training in psychology basics, how would a clergy leader feel equipped to handle mental illness situations like serious anxiety with a parishioner? There was a body of knowledge that referenced the need for careful consideration made to clergy and the frontline pastoral care of delivery and mental health services. According to Bruder (1965) caution of mental health services and the blur of traditional clergy roles need to be continually clarified so that the counseling role does not take away from religious principles. Clarifying the counseling role for clergy is a complex task, but one where a goal such as in this study assisted. Additionally, the phenomenological approach to understanding the shared experience answered the questions related to this study that asked how clergy felt they are prepared to support a serious anxious parishioner seeking counsel, addressed the minimal data in the literature regarding Catholic denomination

representation, as well as to what degree and what strategies clergy leaders used in the field to guide parishioners. Perhaps, this study provided some clarity of the counseling role confusion that currently exists between secular and nonsecular counseling bodies.

Summary and Conclusions

This chapter outlined the need for this study with focus on the problem, purpose, and research questions by providing thorough review of literature. In addition, this section articulated anxiety as a serious mental illness, explored primitive brain and ETAS theory, discussed lack of clergy academic training coursework, and highlighted phenomenological conceptual and theoretical framing. Furthermore, the literature review added paths of anxiety from early scientists like MacLean, Gilbert, and Beck, and clarified fear phrasing and anxiety terminology with the help of the third edition of the *Diagnostic and Statistical Manual for Mental Disorders*. It was noted that using a phenomenological lens granted the researcher access to adapt a way of thinking in terms of capturing the data's essence once the time for data collection for the natural theme emerged. The following chapter sets the tone and deepens the understanding of the phenomenological philosophical approach with attention paid to methodological application for this study. It will focus on the research method and bring to light this study's design and rationale. In addition, the subsequent section discusses central concepts, the role of the researcher, and addresses the specific qualitative methodology path this study followed.

Chapter 3: Research Method

Introduction

The purpose of this study was to discover clergy leaders' understanding and awareness in the Roman Catholic Church concerning their mental health literacy knowledge of anxiety and their spiritual counseling practice when working with parishioners with serious anxiety that disrupts their lives. The major sections of this chapter address the research design and rationale, my role as the researcher, the methodology, and issues of trustworthiness, concluding with a summary. Phenomenology, ETAS theory, and anxiety as a serious mental health problem are the main ideas woven throughout the discussion in this chapter.

Research Design and Rationale

Research Questions

The research questions for this study were as follows:

RQ1. What is the understanding that Catholic clergy have regarding pervasive fear- or worry-driven anxiety-related mental illness?

RQ2. To what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive fear- or worry-driven anxiety-related mental illness?

RQ3. What strategies do Catholic clergy describe that they use with seriously anxious parishioners?

Central Concepts

This study's central concepts were suited to the use of a qualitative design within a phenomenological tradition. A qualitative framing was the driving force behind this study and was the determining research design that came to realization based on the gap found while compiling existing and relevant psychology and religion literature (Anthony et al., 2015; Breuninger et al., 2014; Kitchen-Andren & McKibbin, 2018). Phenomenology, which has its roots in philosophy, provided understanding of the experience that clergy had when working in their roles as counselors to parishioners in the Catholic church setting. A snapshot of specific clergy knowledge was used to connect themes and bring professional understanding to the surface for the psychology professional.

In addition, this study had a research purpose of capturing the essence of the Roman Catholic clergy leaders' viewpoints. More specifically, the focus was on parishioner anxiety in the Catholic church. As anxiety and the clergy counseling role became connected, the discovery of meaning in the clergy experience was reported. This discovery supported purposeful sampling as viewpoints naturally unfolded. The process of interviewing was used to capture data that provided the backdrop for analyzing and connecting the themes that arose from the interviews.

Phenomenology Research Tradition

Phenomenology, simply defined, is the study of an individual's perception of the world. The phenomenology research tradition allowed for depth in studying individuals—in this case, Roman Catholic clergy leaders—from their first-person point

of view. This tradition has its roots in philosophy and came into practice as an extension of intentional experience guided by Edmund Husserl in the beginning of the 20th century (Vagle, 2014). According to Woodruff-Smith (2018), classical (Husserlian) phenomenology directs the content of one's experience through thoughts or ideas, and presents the meaning one makes of one's lived world.

Origin

As the phenomenology movement advanced through the 20th century, there was an emphasis on innovative information in areas such as emotions, perception, and most importantly, mental health in psychology (Wertz, 2005). According to Wertz (2005), phenomenology has a qualitative framing and is meant to consider psychological scholars' research studies directly parallel with human actions and experiences. Phenomenology originated in the work of the philosopher Husserl, who expanded upon modern science and challenged researchers to include consciousness in the investigative process (Wertz, 2005). This research incorporated basic criteria connections of phenomenology and added depth to the investigative process and conceptual framework that included elements such as fresh and unbiased focus, true-to-life demeanor, intuition for grasping the essence of data, intentional analysis of experience precisely as it was expressed in the lived world, and finally emphasis on high scientific value (Husserl, 1962). Phenomenology is rooted in both philosophy and psychology as well as interpretive inquiry (Creswell, 2014). This perspective was selected for this study based on the reflection and meaning it drew out from Catholic clergy participants in their lived

experiences. The meaning of shared knowledge was crucial and key to identifying a principal piece of human experience (Ravitch & Mittenfelner-Carl, 2016).

Phenomenology is credited to Husserl (1859-1938) and was developed from a philosophical point of view (Bloomberg & Volpe, 2019; Luft & Overgaard, 2013). Husserl is noted as one of the most significant philosophers of the 20th century. Although there were many thinkers who contributed to this development, such as Heidegger, Merleau-Ponty, Kant, and Hegel, it was Husserl who formulated it into a methodical philosophical approach (Luft & Overgaard, 2013). Husserl was a mathematician and logician who argued that human problems require a specific approach to inquiry.

According to Giorgi (2009), humans understand phenomena only as they are experienced through consciousness. Consciousness plays a functional role in humans' capacity to have just a sufficient amount of information, and the intrinsic experience is easily found when the individual needs to get to it (Kriegel, 2004). However, the real aim of phenomenology as it connects to this study involved obtaining conscious information and achieving deeper insight into common phenomena.

Benefits

The benefit of using this approach was that I extracted from personal motivation that drove the study. Additionally, the interview process allowed for open-ended inquiry that was wide ranging and permitted the construction of patterns and themes that naturally evolved from the participants' experiences. Another benefit of this viewpoint was that my beliefs and biases as the researcher were revealed at the start so that any bias were immediately uncovered, thoroughly discussed, and kept at the forefront of the

process. A review of concepts related to this study is presented in the following section with a focus on anxiety terminology, clergy leaders' role in counseling, current Catholic clergy training, further exploration of ETAS theory-related studies, and additional information on the phenomenology perspective.

Limitations

Phenomenology provided a structured approach to understanding phenomena as experience, although there were challenges with this viewpoint. First, it was important that I had a deepened level of understanding in relation to phenomenological assumptions. Second, the structure or bracketing that was used for this approach had complexities that involved the timing of when my personal understanding of my own experience hurt or got in the way of data collection. Third, according to Bloomberg and Volpe (2019), "quality and rigor have also become key areas of critique of phenomenology" (p. 55). To address this concern, research quality remained part of the process and advances to this method were developed. For example, interpretive phenomenological analysis (IPA) focuses on how individuals make sense of and understand experience. IPA involves the concept of bracketing, whereby culture and personal traits are taken into consideration in analysis (Bloomberg & Volpe, 2019). Of course, there may be a "double-edged sword" quality to this type of design and perspective. For instance, researchers must have a deep awareness of their biases that can affect data interpretation, and the interpretation can also get in the way of the true outcome.

Tradition Rationale

Review of the literature revealed that the Catholic faith was not represented in existing literature addressing anxiety as a serious mental health problem for parishioners (Cook et al., 2012; Dein, 2013). The rationale for using this study's strategy was that phenomenology added depth to the investigation that was needed to shed light on the issue from the perspective of the Roman Catholic faith. Additionally, a widely held focus in the current literature was the psychiatric disorder of depression and religion; studies connecting anxiety with religion were less common (Anthony et al., 2015; Dein, 2013; Gilbert, 1984; Hedman, 2014; Kitchen Andren & McKibbin, 2018; Safara & Bhatia, 2008; Stansbury et al., 2009; Wang et al., 2003).

A qualitative method was most appropriate for this study because the research questions drove an open interview process that placed emphasis on the context of anxiety and added richness while accepting the intricacy of clergy leaders' role within the church. In using this method, I sought to gather perspectives from clergymen who represented a small sample within the Catholic church setting and were currently counseling in their jobs as clergy leaders. It would not have been appropriate to use a methodology in the quantitative tradition because the research questions did not reflect causal comparative approaches or dedicate variable analyses where the focus was on experiments or surveys. Rather, this study's focus was on the shared experiences that Roman Catholic clergy leaders brought forth as they replied to interview questions face-to-face with me as the researcher.

This study met basic characteristics of qualitative research, in that it involved interviewing clergy leaders in their natural church setting, with me serving as the key instrument for collecting the data through observation and interviewing. Meanwhile, the focus remained on the importance of the meaning that clergy shared in their experience with anxious parishioners and reporting that sustained a holistic account and multiple perspectives on anxiety that were expressed. All of these characteristics worked throughout the process and added richness and depth to the complex problem of bridging the gap between secular and nonsecular communication (Bloomberg & Volpe, 2019; Creswell, 2014; Stadtlander, 2018). As mentioned earlier, the research questions helped to determine the rationale and design of this study. Additionally, the research questions were focused and developed for the exploration of anxiety in the Roman Catholic church today from the perspective of the clergy leader.

Role of the Researcher

My role as the researcher was an essential part of the qualitative process because researcher interaction with the participants was an important element of this study. The researcher/participant interaction created a dialogue that was used to transform the data from verbatim participant knowledge to themes that connected anxiety and clergy–parishioner experiences. As the interviewer, I found that there was a need for professional balance as I considered my personal biases, such as those related to being a layperson Catholic woman who was interviewing ordained leaders of a male-dominated clergy. The subsequent subsections further define my role as the researcher. In these subsections, I address the following in depth to help describe this role (a) personal relationships and

qualitative semistructured interviews, (b) researcher bias, (c) power, and (d) ethical considerations.

Personal Relationships and Qualitative Semistructured Interviews

In the qualitative interviewing process, there was a dance of communication that took place. Within this study, my role was that of the researcher, and my biases and the ratio of power between researcher and participants were acknowledged. Catholic clergy leaders have historically been male and are viewed as having power and status within the ecclesiastical system. I was aware of these dynamics from the outset as an ordinary layperson and female researcher. Carefully observing participants' behavior and checking nonverbal expressions of feelings before, during, and after the semistructured interviews provided a means to keep the balance of professional power in mind during the interviews. This observation allowed me some capacity to understand how the participants communicated and viewed my role as an interviewer by observing such things as pauses, eye contact, and verbal and nonverbal cues. These observations also allowed me as the researcher to check myself and my role as an interviewer and assisted me in keeping individual power as balanced as possible.

I maintained awareness of my own personal bias. For instance, the tendency toward my interviewee and elevated status in conversation required me to exercise vigilance in order to fulfill my role as an effective researcher. I am a Catholic woman who was taught to obey and respect all figures of the Catholic church. I managed potential bias arising from this background by being mindful of my role as an interviewer. I accomplished and highlighted this researcher role by maintaining focus

upon capturing the experiences of my interviewees fully and accurately. Upholding this focus provided a road map for making sure that there was not too much time spent on any one interview question based on the participant's countenance (Kawulich, 2005; Schmuck, 1997). The interview goal was data collection, and observations were an important part of the collected data. Careful observation assisted in the management of power imbalances and generated a more complete understanding of the words and phrases that were tied to the observational cues from the participants.

The observer/participant relationship was important in equipping me with the ability to encourage accurate and fulsome communication of participant perceptions and reflections regarding how the clergy leaders felt about their competency when supporting a parishioner with anxiety in the church setting. In addition, observation and relational interaction gave me the capacity to witness and accurately report how the participants related to the phenomenon of anxiety in the church today. Of key importance in phenomenological design was the participant/observer verbal and nonverbal relationship. This allowed data collection that comprised of direct responses as they occurred naturally during the interview process.

Phenomenological research has a limited range of data collection sources, so it was imperative when articulating the data that the shared experiences and responses were recorded directly, in the voice and words of each participant (Vagle, 2014). Semistructured interviews took place in a responsive manner with participants answering questions posed by me as the researcher. This took place verbally, over the phone, where the participant was in his natural church setting for the clergy leader and within a

scheduled hour between myself as the interviewer and the participant or clergy leader as the interviewee.

An additional benefit to this data collection style was that the interview questions were based on a specific topic. In this study, competency of recognition and counseling for anxious parishioners in the Catholic church setting was the topic, with room to ask follow-up questions should they become necessary for added depth to my understanding of the meaning of each participant's response. My interview style was supported by my comfort with my study topic as well as my comfort in the Catholic church setting and with the clergy leader participant population. I was prepared prior to talking with the participants and interacted with them in a professional and businesslike manner, quickly getting to the heart of the questioning as I understood that clergy have little time and value the spare time that they do have.

In forming my plan to hold the semistructured responsive interviews, I accepted that there were two personalities at the interview, myself and the participant, and that conversational partnership underlaid the interview process. I believed that the conversational partnership was comfortable for the Catholic clergy leaders and conveyed that each interviewee was an individual who had a unique experience, knowledge, and perspective that were not interchangeable with those of any other individual for the phenomenon being discussed. In this dance of communication, I gently led with each question and then allowed ample time and patience for the participants to communicate their thoughts and feelings regarding that question. This conversational flow back and forth resembled an orchestrated dance through discussion and data collection.

Researcher Bias

To avoid researcher bias, there were key areas to be aware of. According to Dawidowicz (2016), those include (a) paying careful attention to responses during data collection so that the truth of a response was not mistaken, (b) not pushing the participant to answer a question in a way that would be used to deliberately benefit my study, (c) not requesting or demanding that a question be answered if the participant was reluctant or chose not to answer the question, and (d) not oversharing personal experiences or the private experiences of previous participants. These concerns were especially pertinent for my study and in research in which empathy and perspective are the keys to success in interviewing and data collection.

The personal examination of self as a devout Roman Catholic woman was made throughout this entire research process so as not to cloud perspective or invite personal bias in any way during the data collection and thematic analysis. In the research interview, I acknowledged my interest deriving from the perspective of an invested and devoted Roman Catholic. I also remained mindful and maintained curious and objective inquiries that were not influenced by perceptions of power differences between myself and those who were the clergy leaders in the faith community with which I could identify.

Methodology

Participant Selection

The participant population selected to help answer the research questions included clergy leaders who identified as priest or deacon in the current printed Diocesan

Directory. Although there were as many as 9 identified job roles in the church through canon law mentioned in chapter 2, the job roles that had the most one-on-one time spent with parishioners were priests and deacons. Therefore, those two job titles located in the Diocesan Directory were included in random drawing for the participant pool.

Sampling Justification

The justification for using this population was based on the notion that data collection from the participant or clergy leader interviewees brought depth and understanding toward answering this study's research questions. The directory also provided appropriate and convenient public access to clergy leaders across 158 cities in a Midwestern US state. In addition, all individual and parish contact information was published and that provided uncomplicated researcher access. The use of this directory was convenient and advantageous when identifying the participants to interview and beneficial for conducting the study.

Selection Criteria

To be eligible for participation in this study two criteria were met a) the participant job role must be identified in the directory as priest or deacon, and b) the participant must currently work in the Roman Catholic Church setting in the capacity to which there was continuous face-to-face contact with parishioners. In addition, the participants were known and identified to have met both criteria based on the published directory and established from the church or parish setting.

Population and Sampling Strategy

The participant population was identified as clergy leaders in the Roman Catholic church that was found in the published Diocesan Directory and had the job title as priest or deacon. The most recent copy of the directory included the Catholic clergy leader name and their official appointment order and was used as the participant pool resource point for each participant. This participant sample pool was used to directly answer the interview questions that got to the heart and depth of the lived experience that clergy leaders felt they had with parishioners with anxiety in the church setting today.

Number of Participants and Recruitment

The goal of this study was to reach a sample size of 6 participants, the number that was likely to achieve saturation of the data set. The potential participants were sent a letter in the mail explaining the study and asked if that participant would be willing and open to be included in the study. It was evident that the participant met the criteria for the participant pool because of their professional ordination publication in the Diocesan Directory as well as the publication of their current vocation site for the Church. In addition, there were 2 sets of consent forms sent to the participant. This included one copy for the participant to keep for their records and one copy signed and sent back to me agreeing to volunteer for this study. Of those that said yes and returned the consent form in the mail, there was computerized random drawing process that designated the final participants chosen. Once the names were drawn, I contacted each of the participants either through phone call or email to let them know they were selected to participate and then set up the interview time. Included in each packet was also the 8 interview questions

so that each participant had some time to look over the questions prior to the interview. A one-hour block of time was set up for the semistructured interview phone call.

To adapt to the current Pandemic and COVID-19 social distancing, the Centers for Disease Control and Prevention (CDC) guidelines were used to accommodate each participant's comfort level for the interview. The participants were given 3 choices for the interview which included a) myself going to the parish and interviewing at the parish site, b) video conferencing through a Zoom call, or c) telephone interview.

Saturation and Sample Size

The sample size of 6 participants were interviewed. According to Saunders and colleagues (2018) saturation is rooted in grounded philosophy and commonly defined as a standard used in qualitative methodology to indicate when to stop collecting data. The more focused viewpoint of saturation applied to this study and was that of an "individual-oriented perspective" where saturation was achieved from each separate interview and explored to understand the participant was essential to accurately and fully understand the data (Saunders et al., p. 1894). Furthermore, this angle of saturation remained important within the data collection process.

The interview guide can be found in Appendix A. It was created by me and directly resulted from the research questions after undergoing a rigorous development process with several university faculty appointments and numerous drafts.

Instrumentation

Two instruments were used for the interview while one of the devices data was imported to software with purpose to audio record the interview transcript verbatim. The

other device was a recording tablet. In addition, basic office-type supplies that I used were clipboard, paper, and pens for each interview. The specific sources of use for data collection were the Zoom conference meeting application installed on this researcher's personal computer, cellular phone for telephone interview, and guidance for the software application through the university system, interview question guide developed by me, and the secondary means of recording as back-up was my computer.

Researcher-Developed Interview Questions

The deep rigor of an intensive writing workshop and numerous drafts from various university professors were used to carefully develop interview questions driven by the research questions. In addition, I sought guidance from the university writing center and other professionals in the field to review each interview question and ascertain that each one was designed to directly answer the research questions.

Procedures for Recruitment

A letter was mailed through the postal service to 100 randomly selected clergy leaders currently published in the Diocesan Directory. The participant had the job assignment as either priest or deacon. This procedure was specifically completed by entering all published clergy leader names from the directory to an online random calculator by which means 20 name sets were drawn for each of the 5 mailing rounds. Each of the first 6 participants drawn were contacted and then assigned an interview number (1 through 6) to keep their contact information confidential. After mailing went out over the course of a 5-month period of time, this researcher called the participant to set up the interview time once the consent form was returned through the postal mail. In

other words, if the participant declined participation, this indicated that they did not return the consent form and therefore, chose not to volunteer for the study and were not included in the study. If the participant replied that they were willing to participate, then I received the signed consent form in the mail and this allowed me to move forward with contacting and setting up the interview. Before the recording was turned on at each interview, I went through what to expect from me as the researcher, and what I would need from them as a participant. I verified their names and job roles; any assured each participant that any identifying information would be kept strictly confidential by the use of an assigned interview number.

Data Collection

Data collection occurred using my developed interview questions. The data was collected and recorded verbatim by me from the participants during each interview. The participants were given the opportunity to see the interview questions before the scheduled interview took place. Data collection occurred from 6 participants interviewed. Each of the 6 participants opted to use a telephone interview. However, there were 3 options available to each participant per comfortability with the current Pandemic and COVID-19 protocols that was explained in the invitation to participate mailing and a second time when I contacted the participant to set up each interview time. The application on the tablet was the primary recording resource alongside my audio computer recording system as the secondary backup recording resource. The final participant total was 6 used for the data collection. The follow up plan was to go back to the original set of 100 participants and reach out to additional participants by calling them

individually if there needed to be more than 6 interviews to collect more data. The interview questions were given to each participant through the mail prior to the interview and all participants were invited to answer each interview question. After the 8 questions were answered, I communicated to the participant that they were free to exit the interview. I ended the interview by thanking each participant for their time and willingness to share their knowledge, expertise, and experiences with me for purpose of my study. There were not any requirements to return for follow up interviews. To satisfy member checking and address issues of trustworthiness for this study, I emailed the first interview to my university chair to authenticate that the interview format was accurate and representative of the qualitative design and process.

Data Analysis Plan

The data analysis plan had a connection that had been carefully designed with interview questions derived directly from the research questions. The transcription of each interview was carefully recorded using two methods, and then imported to the qualitative software NVivo. NVivo has been vigorously designed for qualitative methodology. This software was used for analysis because it allowed the data to be stored, arranged, categorized, and analyzed in first node categories and then more specifically to themes. In addition, it guided the discovery of using the procedural coding by finding repetition of phrases in transcription, categorizing nodes, and then synthesizing themes that arose from the interview data. The use of any cases that were discrepant would have still been added in the study's discussion. I addressed this as my role as researcher with the insight to give meaning to the data and ability to distinguish

what was pertinent and what was not. In addition, I used techniques that helped me to make sense of the data. This was be done by scanning the data and returning to any of the words or phrases that were redundant and seemed significant. I then saw patterns that emerged such as frequency of words or ideas and phrases and used phenomenology to validate some of those ideas by identifying a link back to my research questions. Two coding methods used were (a) axial , or organizing the data into patterns, and (b) open, or scanning for redundancy and then returning back to the data (Bloomberg & Volpe, 2019; Terrell, 2016).

Issues of Trustworthiness

Introduction

Dawidowicz (2016) explained that there are issues of trustworthiness in a phenomenological study that include things such as (a) viewing the participants experiences on a surface level instead of giving the shared experience the depth to which would honor the data, (b) using bias to interpret the data could negatively impact the integrity of data collection, and (c) not truthfully acknowledging what the actual data says in order to benefit a result. Furthermore, issues of trustworthiness were managed by audio-recording the interview, collecting enough data, and consenting to ample time to code the data rather than rush through its analysis. Key criteria that addressed issues of trustworthiness were (a) credibility, (b) transferability, (c) dependability, and (d) confirmability and reflexivity. The next section discusses each of these briefly as they directly impacted this study. In addition, parish and ethical considerations will be communicated.

Credibility

Credibility is the alignment between what the participant states and the precision with which the researcher reports the conversational interview during data collection. It is the truthful and accurate account of the experiences shared by the participant and taken directly from their words. Strategies to accommodate credibility included things like member checking or triangulation (Bloomberg & Volpe, 2019).

Member checking occurs once the data has been transcribed from the recorded interview and shown to the participant giving them the opportunity to read the interview content and verify that they have been correctly represented (Terrell, 2016). In this study, a member check occurred once the interview was transcribed. There were multiple reviews sessions and edits for each transcript. This ensured it had full accuracy and checked for correctness prior to my data analysis.

Triangulation is used for vetting information and requires the researcher to look from both an “emic” and “etic” mindset (Bloomberg & Volpe, 2019; Terrell, 2016, p. 167). For this study, I accomplished triangulation by looking at my data from two perspectives. For example, I viewed data from both insider and outsider viewpoints. The insider view permitted empathetic depth and understanding, while the outsider view granted the ability to make a connection from potential other sources. For instance, outsider relatedness was made from connecting a need for additional training if founded that there was a lack of training in mental health for clergy leaders.

Transferability

Transferability is the connection made from the data of the study to describe context applicable findings. This transfer of information is done more generally, but the researcher is still asked to demonstrate the important features that include thick and descriptive richness and relevancy of the data and findings (Terrell, 2016). According to Nowell et al (2017) "generalizability of inquiry" means that it is not known who may use this study's findings in future research, but the relevancy of transferability to other areas is important to show (p. 3).

For this study, depth and vividness in the results were managed by not cutting back on the detailed words and adding different angles based on what the data said. In so doing, the interview provided the detail from the interview exploration, where participants were intentionally chosen and encouraged "transferability of the inquiry" (Anney, 2014, p. 278).

Variation in participant selection is important for transferability. Even though the number of participants were small, intentionally with selected participants brought forth their experiences. These experiences represented a variety of different regions and degrees of clergy knowledge that helped to build this study. In addition, each participant conveyed their unique parish culture, and the cultural awareness added dimension of depth to the angles of data.

Dependability

Dependability is the system set up that depicts the findings can hold out against time. It can be managed by peer examination and triangulation. Additionally,

dependability means that the data that is being collected actually answers the research questions (Bloomber & Volpe, 2019). In this sense, dependability was managed because there were interview questions that directly related to each of the 3 research questions set that aligned the semistructured interview.

According to Bloomberg and Volpe (2019) there are ways in which data can be tracked (a) documentation, (b) logic, and (c) traceability. Documentation means that all notes were clear and maintained verbatim. Logic insinuates that there was a science of thought that followed the point and need for this research study. Traceability explained that the notes, transcripts, and data were all well-preserved and can be followed clearly and replicated by other researchers in the future.

Confirmability and Reflexivity

Confirmability indicates that there is a secure line of establishment that can be easily traced from the findings that is directly moved from the data. This key element can be managed by triangulation, bracketing, and audit trailing.

Another highlighted element that is important in a qualitative phenomenological design is reflexivity or an approach of inquiry. This is viewed as the continual examination and clarification of how myself as the researcher influenced the overall project from design all the way through to interpretation of the findings. Transparency allowed the process to be clear while the constant check of rationale for decisions made it continually important.

Triangulation, Bracketing, and Audit Trails

Triangulation, bracketing, and audit trails supported and managed issues with trustworthiness. Bracketing was used to code biases and my own experiences without influencing the participant or the data in any way. This was especially important in phenomenology because it secured a way that the context of anxiety remained at the heart of the data collection process. Triangulation meant using multiple sources like peer debriefing to cross check my data analysis and coding. It also added other perspectives to authenticate the entirety and complexity of the phenomenon of anxiety and clergy leadership counseling. Peer debriefing secured an additional professional perspective throughout the entire process. An audit trail allowed my notes and transcripts to be clearly protected and available should future researchers wish to duplicate this study.

Parish Consideration

It was important to consider there are different degrees to which each Catholic parish would handle counseling roles. For instance, there might have been a process already in place for anxiety-related referral services out of the church for some of the participants. However, for other clergy leader participants the counseling role might have been solely left up to that leader and kept inside the church. To address this issue, the strategy was to categorize these degrees into levels of clergy contact with parishioners and discuss each degree alongside the pattern theme that arose from the data. To answer this consideration, there was a research question that directly related to the degree of how the participant handles their counseling role in their congregation.

Ethical Procedures

Gaining access to potential participants was via the public directory. Once 100 participants were randomly selected, each was sent a letter briefly describing my study purpose as a doctoral student researcher and a written agreement form was included in the letter to return to me with a postage-paid envelope. After the consent form was signed and returned, this allowed our researcher/participant relationship to proceed.

Ethical concerns regarding recruitment that arose in association with potential participants was the refusal by over 80 participants to participate in the study. Also, a participant stopping the interview at any point before its completion, or any negative reaction from the participant toward the study. Full respect for the person was a priority and to handle this I accepted refusal to participate because all participants have the right to participate or stop at any time during the interview. There were not any adverse reactions with any of the 6 interviewed participants. No interviews were declined after consent nor stopped before or during the interview or before data collection completion. However, if there would have been a disagreeable response that would have been noteworthy and added to the analysis and discussion portions of this study. The adversity might shed light on the current gap or any other opposition that exists with the church and state alliance, and that would have been an important element to highlight.

The notes and interview guide were carefully protected and maintained in triple-locked storage and will be destroyed after the recommended seven years. Data and transcription were on a locked and protected flash drive with limited access by me. To

allow full confidentiality protection, each of the participants were assigned a number so as to provide extra protection of individual identification.

Permission included an approved proposal prior to recruiting any participants from the Institutional Review Board (IRB). The IRB commanded adherence to standards of respecting participants as my role as researcher to participant and embraced (a) privacy and confidentiality protection, (b) the right to leave my study at any time, (c) voluntary consent to participate, and a (d) written agreement from the participant to participate.

The final ethical consideration was my position as both researcher and devout Catholic. With this identification, I was aware of and acknowledged the tendency for personal bias to influence data collection and analysis. My strategy was to keep personal bias in check by maintaining notes of personal reactions in the research process and discussion of all personal discomfort openly with university committee members on this study team.

Summary

The purpose of this chapter was to explain the specifics of this study's design and rationale. This was accomplished by defining the centralized concepts that included parishioner anxiety as a persistent mental illness and clergy counseling role, and the phenomenological qualitative design. In addition, my role as researcher and the participant relationship, semi-structured interviewer style, personal bias, and ethical considerations were also addressed. The population identification and justification were described in detail as well as establishment of the specific job titles that met the criteria from which the participant pool derived. Also, consideration was made as to the number

of participants, the procedural rationale for interviewing, and the back-up plan should the number not be enough to create depth and richness that competently answered the research questions. Personal bias was explained along with managing the spiritual power differential the clergy leader had over myself as a lay person. Data collection instrumentation was discussed along with where data was collected, who collected the data, duration of data collection, audio recording for capturing the interview, and the interview exit. The data analysis plan was described with attention paid to interview questions that directly linked to the research questions. Phenomenological trustworthiness included three areas of concern such as looking at experiences too superficially, relying on bias as a negative impact, and dishonest acknowledgment or transcription of the data. Credibility or the precise account of shared experiences was discussed. Transferability allowed data relevancy in subsequent application without losing meaning and was briefly mentioned. Dependability tracked the data keeping account management for future replication, while confirmability and reflexivity provided the direct path from interview to transcription to analysis. Parish consideration addressed a plan to categorize or bracket levels of clergy contact with parishioners. Ethical procedures discussed access and recruiting concerns that could arise along with strategies to address any ethical issues. Participant confidentiality and document protection was mentioned in detail with careful attention paid to the IRB and the adherence to the established standards. Finally, reliance on education, training as a professional counselor, and open communication with colleagues was talked about should I have been met with resistance or discomfort from a participant. The subsequent chapter focuses on this study's actual data collection.

Furthermore, the discussion will be centered on setting, demographics, data collection and analysis, trustworthiness, and the results of the study.

Chapter 4: Results

Introduction

The purpose of this study was to explore clergy leaders' understanding and awareness in the Roman Catholic Church concerning their mental health literacy knowledge of fear-or worry-driven anxiety and spiritual counseling practice when working with parishioners with anxiety.

This study explored the following research questions:

RQ1. What is the understanding that Catholic clergy have regarding pervasive fear- or worry-driven anxiety-related mental illness?

RQ2. To what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive fear- or worry-driven anxiety-related mental illness?

RQ3. What strategies do Catholic clergy describe that they use with seriously anxious parishioners?

This chapter is dedicated to reporting this study's findings and explaining data management, data organization, and data processing through understanding the raw information. There is emphasis on hearing the data through the documentation of transcript quotes that exemplify what relationship exists between parishioners' pervasive anxiety and clergy leaders' experience(s) with the parishioners whom they counsel in the Roman Catholic Church. In this chapter, I walk through the global setting, participant demographics and shared characteristics, data collection specifics, data analysis

reporting, evidence of trustworthiness, findings as they relate to each of the 3 research questions, and conclude with a summary answering the research questions.

Setting

Global conditions and the current state of the world with the COVID-19 pandemic likely influenced the interview style choice for each participant. Each participant was sent an invitation to volunteer in this study. Included in the invitation were 3 interview style options. These options were intended to maximize participants' comfort level through social distancing, mask wearing, and all other Centers for Disease Control and Prevention (CDC) guidelines. Each participant made their individual decision on how the interview proceeded.

The first option included me traveling to the participant's parish site and conducting an in-person semistructured interview in the participant's environment. For the second option, the participant could choose a video conference call using the Zoom platform. The third option involved conducting the interview through a telephone call. All 6 of the participants selected the third option, a telephone interview.

Demographics

The participants had common characteristics that included male gender and experience working one-on-one with face-to-face interaction with parishioners in the Roman Catholic Church setting. The experience level of the participants ranged from daily to monthly counseling of parishioners in a counseling role. In addition, each participant presented in the professional job role and title as either priest or deacon. A few of the participants openly expressed that they were raised, educated, and spiritually

trained and/or born in the countries of Nigeria and the United States. The geographic locations that were represented included regions of Wisconsin (a) northeast, (b) west central, (c) south central, and d) northern.

Data Collection

There were 6 participants in this study, each of whom participated in an audio-recorded semistructured interview by telephone. All participants were given the interview questions in advance for their viewing. Individual participants scheduled an interview date and time with me based on their availability. Once the date and time were established, I used the interview style option that the participant chose. All 6 participants chose to complete the interview via telephone call.

During each interview, I used my cellular phone to call each participant, and each participant was informed that they would be recorded and that the telephone speaker was going to be turned on throughout each audio-recording. Data were recorded with an audio-recording application on my tablet and with a secondary backup recording that was with an audio application on my computer. A handheld audio recorder was tested prior to the first interview and did not pick up the audio from a tested audio mock session; therefore, that recording medium could not be used for the actual interviews. Immediately following each interview, I uploaded the audio content to the NVivo qualitative software program.

A variation in data collection from the plan presented in Chapter 3 was the use of a computer application instead of the handheld recording device. However, another unusual circumstance encountered during data collection was global and personal

heightened awareness from the participants and me regarding the pandemic and COVID-19 protocols that presented data collection challenges. As a result of social distancing guidelines and the comfort level of each participant, there were not any participants who chose the option to meet for a face-to-face interview. I propose that the telephone interview was the first choice of each participant because of the participants' comfort level with this option at the time of the pandemic and social distancing requirements. In addition, there were 2 participants that shared that they were not familiar nor comfortable with the Zoom or teleconferencing technology.

Data Analysis

To move inductively from coded units to larger representations that included categories and themes, NVivo qualitative software was used in addition to pen to paper charting. The specific process involved audio-recording each participant interview, then importing the audio-recorded interview into the qualitative NVivo software. This task was completed promptly following each interview.

Once all 6 participant audio interviews had been imported into the software program, the files were organized and moved to consist of one larger file or the master raw data file that condensed all interview transcripts in one spot rather than individual files.

The next step was familiarization with transcribing the audio-recordings into a transcription document which then led to reading analysis. This step involved getting to know the data. The task was completed using the NVivo transcription service. The

NVivo transcription service was used to provide the transcripts for each of the 6 audio-recorded interviews.

Each transcript was then downloaded to the project file; this step allowed for reviewing and editing of each narrative transcription for accuracy. Cautious review and changes were made to the electronic transcriptions to ensure the correctness of the words spoken by each participant for all 6 of the interviews.

Annotations began by labeling the words that were relevant to the study. This part of the analysis involved the use of word-based techniques that were obtained through word repetitions and key phrase recurrences.

The next strategy in the analysis involved taking a closer look at phrasing, in a broad sense. This allowed the data to be filtered down later in the process so that I did not miss any important features in the raw data at the onset of the word and phrase search. Looking beyond the face valued meaning of highlighted repetitive words and phrasing connections facilitated depth in my understanding of the participants' lived and shared experiences. Moreover, the words that occurred most often throughout each narrative text were recognized as significant in the minds of the respondents and therefore worthy of further qualitative exploration.

The following phase established thematic nodes that were basic categories of words and phrases that stood out from the raw data after reading and highlighting all participant transcripts numerous times. These nodes were more descriptive because they established the text around the emphasized topic of counseling parishioner anxiety.

Once nodes had been established, the NVivo autocode interview codebook option was run. This allowed the data to become compiled from transcript to code. Conceptualizing the data in this phase helped to align the nodes with resulting codes that were created by grouping. Next, hierarchies or parent and child nodes were created to support further analysis.

Development of Themes

The results revealed 6 descriptive codes from the interview codebook and handwritten coding analysis. The six codes that emerged were (a) anxiety, (b) counseling, (c) mental health counseling, (d) parishioners, (e) serious anxiety, and (f) training.

The next phase in analysis involved charting out the codes and aligning them to interview questions to determine whether there were any connections. In addition, the review of the 3 research questions remained at the top of the processing framework. This technique was done by pen to paper and resulted in charting out the 6 thematic patterned codes listed above to funnel to 8 interview question codes. The interview questions codes were (a) serious anxiety understanding, (b) counseling experiences, (c) mental health counseling differences secular and nonsecular, (d) training and education, (e) symptom recognition, (f) counseling role and strategies, (g) need, and (h) preparedness.

Transcripts were viewed multiple times, and highlighted responses were traced and coordinated with themes. The results of this complex analysis from the raw data were four major themes (a) counseling, with the subcategory of clergy experiences with counseling; (b) mental health, with the subcategory of understanding mental health and differences in secular versus nonsecular counseling services; (c) anxiety, with the

subcategory of understanding and knowledge of symptoms; and (d) training, with the subcategory of professional development and needs and preparedness. To assist in hearing the data, each of the 4 major theme categories had built-in responses that matched the questions to the data. The 4 themes were (a) counseling, (b) mental health, (c) anxiety, and (d) training.

Counseling

Counseling was the first theme, and examples of phrases that were used to get to this theme included expressions such as “basic counseling,” “counseling dimension,” “counseling process,” and “spiritual counsel.”

Mental Health

Mental health was the second theme, and phrases that were used to capture this theme included “mental health illnesses,” “mental health issues,” “mental health realities,” and “spiritual health.”

Anxiety

Anxiety was the third major theme and was extracted from phrases such as “anxiety level,” “different anxieties,” “outer anxiety,” and “anxiety symptoms.”

Training

Training was the fourth major theme pulled from the data from phrases such as “additional training,” “formalized training,” “little training,” “ongoing training,” and “university training.”

Evolutionary Threat

Discrepant case sampling was the sampling method used to elaborate and cultivate ETAS theory. The aim was to deliberately choose the data that helped modify and surface the theory alongside each code and research question. ETAS theory addresses fear in the human brain. Within this theory, anxiety disorders are thought to be evolutionary adaptations. The adaptations to many anxiety disorders are reflective of fear and/or worry where general anxiety is included. Because of the emphasis on fear and the evolution of defense, the thought process is that fear and worry are often used synonymously with individuals seeking counsel. Therefore, that would be appropriate to highlight for further inspection in this study. It was important to note phrases that addressed fear- and/or- worry for this task. The result showed that the word *fear* was counted 42 times and weighted or mentioned 82% of the time throughout the interviews, while *worry* was addressed 39 times and weighted or mentioned during 80% of the interviews. This was a significant find because ETAS theory was part of the framework for this study and the high percentages reflected consistency and dependability and tied together adaptation of evolution to fear, worry, and general anxiety.

There was a characteristic of discrepant cases that was factored into the analysis and included the finding that 2 of the 6 participants who identified as a deacon also had additional job titles as social worker and mental health counselor. This finding was not known to me prior to the interviews. That equated to 0.33, or about 33% of the participant population holding a nonsecular job role (social worker and mental health counselor) in addition to the secular job title published in the Diocesan Directory as

deacon. Mental health educational background, additional training, awareness, and mental health literacy specifically pertaining to serious anxiety may have been amplified by approximately 33% of the participants.

Evidence of Trustworthiness

Trustworthiness enhanced the value of the truth of the data. It provided the relevance for the study, data, and findings. Trustworthiness of this study reflected accuracy and followed the paths of credibility, transferability, dependability, confirmability, and reflexivity.

Credibility

Credibility, as described in the previous chapter, was meant to acknowledge the specifics between what the participant said and the accuracy with which the transcripts reflected the reported verbatim conversations of the interviews. Specifically, it was the accurate account of the experiences shared by the participant that aided in this endeavor. This was accomplished by slowing down each spoken word and the speed of the language of the sentences to allow editing of the transcript from the direct words, sentences, and phrases for each interview.

Member Checking

Member checking occurred once the first interview had been completed, and the audio-recorded interview was initially emailed to my committee chair for review and approval to proceed. Once this was approved, I was able to move forward with the rest of the audio-recorded interviews. Second, multiple reviews and edits ensured full accuracy

and allowed me to check for correctness prior to formulating nodes, then moving to codes and adding subcodes, and finally extracting themes for analysis.

Transferability

Previously, transferability was described as the application made from raw data to the context that the study focused upon. The context for this study was understanding clergy response to serious anxiety within the walls of the Roman Catholic Church through the experiences of clergy leaders. The information might be transferrable in a general manner as stated in chapter 3 because it is unknown who might use this study's findings for future research. The transferability or relevancy to areas such as secular programs as well as nonsecular organizations could be found in the future. Additionally, bodies of various scientific concentrations such as seminarian, educational, theological, professional counseling, mental or behavioral healthcare, christian counseling, or social work could be applied or deemed suitable for upcoming information transfer.

Also discussed in the previous chapter was the depth and clarity of the data. This was managed while careful attention was paid to detailed words, sentences, and phrases, all used verbatim during the analysis. There were no cutbacks on the details nor added words or angles to fit the study need. The raw data spoke for themselves and were used fully and organically from each respondent. However, participants were deliberately chosen due to their role in the Roman Catholic Church as priest or deacon, and that did essentially focus the inquiry and the represented research questions. Although the number of participants was small, the experiences, knowledge of, and educational training centered around anxiety were brought forth through the interview questions and

discussions. Additionally, each priest or deacon interviewed brought with them their individualized knowledge, shared experiences, and training. The different backgrounds, regions, degrees of clergy awareness, and parish culture gave dimension and depth to the data.

Dependability

Dependability is the process that was set up to note if the findings would be able to stand the test of time. The process of committee chair examination and triangulation was used as consistency safeguards because they created external screening to increase credibility and validity of the results. The value of rigorous drafts of the 8 question interview were put in place to guard consistency. This was central to consistency because it determined that the data collected from the interview questions actually answered the research questions. To aid in the alignment process, there was a meticulous chart created by pen to paper that expressed the nodes, categories, sub-categories, and themes as well as the interview questions that referred to each of the categories, and then eventually corresponded to the 4 final major themes. The management of the interview questions directly related to one of the 3 research questions and was imperative.

During the analysis, the relationship of the research questions, interview questions, and themes from the raw data revealed the importance of dependability. In the previous chapter, tracking data by use of documentation, logic, and traceability was discussed. First, documentation occurred because all written notes, highlights, tabs, paper to pen charts, and NVivo figures and tables were all saved in one place for continuous referral by me. Logic was an important point to keep in mind because the previous years

of researching the literature reflected the need for bridging the gap that exists between clergy leader's awareness of anxiety as a serious problem. Notes, transcripts, and data were well preserved and can be followed or duplicate traceability that may in turn be used for future research.

Confirmability and Reflexivity

Confirmability was previously discussed as the secured establishment path that was traced from moving from findings to data. As discussed earlier, the path that was used for this study was first in the creation of nodes or phrases and categories that stood out after numerous reviews. Second, the auto coded interview codebook turned those nodes into codes and then from the codes added sub-codes. Following this step, themes emerged after the continued use of the filtering step-by-step analysis process. Included in this process was the use of triangulation, bracketing, and an audit trail as well as narrative raw data filtering.

Triangulation

Triangulation addressed the issues of trustworthiness, but also allowed different sources and methods for getting to the heart of the data. For instance, there were steps to the intensive literature review process via careful literature synthesis. In addition, analysis from other professional qualitative experts in the field through empirical articles as well as secondary sources and chair and committee member review were added to external checks.

Bracketing

Bracketing used 4 stages directed by initiated thinking and reflexivity. The stages in summation were prepping, understanding the scope, data collection planning, and data analysis planning by use of the Colaizzi's method. The Colaizzi method was used during the pen to paper analysis. In the first phase of the method, the transcripts were read one after another to gain the sense of the participants. The next step allowed for extraction statements or specific quotations from the participants that held some type of significance to 1of the 3 research questions. Following this, the extracted statements that were significant were analyzed by jotting down notes of what each statement meant, then the pen to paper chart was created from those meanings. At this point, the auto codes were also printed off from the NVivo software and were aligned with the extraction statements. The categories that seemed to be similar were then bracketed or grouped together and organized into parent or child categories. Lastly, the result was integrated into a description of the topic and charted under NVivo to reveal the name or category, description, and references to that extraction statement. Finally, reflexivity with the phenomenological approach of inquiry was used with continuous clarification and then filtering down of the extraction statements from nodes to codes, to codes with subcategories, and finally to descriptions with themes. The process of continuous filtering allowed constant checking of rationale and decisions to keep or pass the raw data as significant and allowed the analysis to be thoughtfully completed.

Audit Trail

The audit trail was used to track thinking and created a system for organizing and managing all the data sources from the consent forms all the way through to the pen to paper charting. Essentially, the audit trail was my dissertation space where the careful organization took place. It was my physical workspace, time set aside to interview, transcribe, edit, and analyze. The qualitative software gave me the digital ability to keep the nodes, interview codebook, charts, figures, notes, codes, subcodes, and themes in a file space. All drafts were saved, slow or fast movement was documented, writing of any kind was stored and importantly a collegial support system was in place. This support was created from the dissertation cohort at the university as well as through the continuous chair and second committee member guidance throughout the whole process.

Results

This section discusses the 4 major themes with their subcategories and presents the data to support each of the themes with quotes from the transcripts. It is important to review the questions again as they are part of the framework to the problem of this study that indicated little attention was given to social science research that discussed the mental health knowledge clergy leaders use in their job as a priest or deacon. The research questions explored the following information regarding understanding, needs and preparedness, and strategies used throughout the analysis:

RQ1. What is the understanding that Catholic clergy have regarding pervasive fear- or worry-driven anxiety-related mental illness?

RQ2. To what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive fear- or worry-driven anxiety-related mental illness?

RQ3. What strategies do Catholic clergy describe that they use with seriously anxious parishioners?

Counseling Theme

Counseling was the first major theme. The subcategory of clergy experiences with counseling emerged. Participant 1 stated, "my experience is that parishioners don't really tell you that and come to you and say I have my anxiety, they may say I am really nervous or really worried about something." Participant 3 related, "is to ask the person questions about the source of fear as a priest and a practicing person of religion or theology directs us to the fact that there's really only one thing constant in the universe." Lastly, participant 4, "I don't do a lot of counseling in my role as deacon as much and that could be because I'm spread out among three parishes, that it takes time, and takes time to get to know the people." The counseling theme tied directly to the interview questions (a) describe your experience(s) when counseling a parishioner who says they are seriously anxious with anxiety that is fear- or worry-driven, and (b) explain your counseling role and the counseling process when working with an anxious parishioner in your congregation.

Mental Health Theme

Mental health was the second major theme. The subcategory of understanding mental health and differences in secular versus nonsecular counseling services emerged

from within this theme. The following phrases from the transcripts applied from participant 4, “I would say yes, because that is my background as a mental health counselor” and participant 3, “absolutely, theology is the queen of all sciences, and every science falls under its purview, which means psychology, being a field of science, also falls under theology.” Participant 1, “I would suggest that tie to parishioners relate to mental health counselors, insofar as I’m trying to give them a spiritual construct with which to encounter and that will help their healing journey” and participant 6, “well I think it has to be obviously it’s a mental health issue, um, and I think people have to understand that your mental health is part of your whole being and obviously as a deacon I’m in the area of spiritual health as well.” Participant 1 stated, “I am very clear in explaining that we as clergy, are not mental health counselors, we can be spiritual, and we can be spiritual guides” and “they need to be aware straight up that I’m not going to overstep my qualification.” In addition, participant 6 stated that, “I should say some clergy are very good at identifying mental health” and “I hadn’t realized until somebody had pointed it out how my interaction was actually not helpful at all” and finally “I also do want to try to integrate both the faith dimension and the counseling dimension as well.”

The interview questions that were matched to this theme were (a) would you consider the guidance that you offer to parishioners related to mental health counseling, and (b) can you outline the strategies you use when working with a parishioner who says they are seriously anxious from fear or worry?

Anxiety Theme

Anxiety was the third major theme that arose from the data. The subcategory of understanding and knowledge of symptoms was extracted from within this data. The transcriptional phrases that directly related to this theme from participant 6, “they become nervous, tense, you can kind of see that in their demeanor other times in their physical body and a lot of times you can see it in their um, even in the way they describe their health.” Participant 1 stated, and “the biggest fear I see right now that I can at least relate as being a deacon is the fear of individuals to come back to attend mass on the weekend masses.” Participant 2, “often times the fear that arises or the source of the anxiety that is the fear is inability to cope with what a person can’t control.” Finally, participant 1 related that “I believe that there is a continuum here, that it’s hard to put a precise definition of what a serious anxiety issue when you’re on the street. I understand that a competent professional would have a better grasp of how to do that in a responsible way. But when you are dealing with people all the time, they will come in with all sorts of different anxieties.”

The interview question that aligned to this theme was explain your understanding of a serious anxiety related mental illness that is driven by fear or worry?

Training Theme

Training was the fourth and final major theme. The subcategories of professional development, needs, and preparedness emerged from this theme. The direct phrases that were used in the transcription to highlight this theme included from participant 1, “Um, no. As clergy, we got some good training in pastoral skills and pastoral ministry at

various levels at times. Participant 1 also relayed, “you know what most members of the Catholic clergy get is dealing with mental health issues and it’s remarkably superficial.” Participant 3 shared, “I don’t know that I’ve ever attended any conferences or classes regarding mental health, specifically in regard to anxiety, um, but we have had some extensive training in dealing with people who have experienced trauma in general because it helps us, helps us to consider the possibilities of certain sources.” Participant 2 stated, “I studied in Nigeria…because in the institution it mattered in our training and service that we had to do every weekend and all of the time.” Participant 5 expressed that, “I have had very little training.” Participant 6, “Well, I would say my training I did my undergraduate work in psychology” and participant 4, “I would say there is a need.” Participant 1 stated, “um yeah, yeah, there is a need.” Participant 2 stated, “Yes, the reason is this. You know, nobody is full of all of the knowledge and there’s always room for improvement” and “I think it would be good for priests to be trained in that.” Participant 4 stated, “Oh well, I think that there is a need, because as I said, with additional training, when we have mental health problems how as clergy going to help.” Participant 4 related, “I believe I’m very prepared.” Participant 3 stated, “I feel ah, very prepared, but there’s only so far I can go.” Participant 2 expressed, “I think that I have the passion to help people.” Participant 5 said, “Probably very minimal. It’s just not an area, again, where I’ve had much training or education or at least at a high enough level, it’s not one of my comfort zones.”

The interview questions that directly tied to this relevant theme were (a) can you detail any courses, training, conferences, or seminars that you have attended or studied

with focused content that addressed mental health related anxiety symptoms (b) in your opinion, is there a need for clergy to take additional or less formal mental health training for parishioner anxiety in the Catholic church? Why or why not, and question (c) to what degree do you believe you are prepared to counsel parishioners who come to you with serious anxiety that comes from excessive fear or worry?

Summary

This section summarizes the analysis by relating to the 3 research questions based on the findings by use of additional transcript text assertions to provide the depth of the analysis that was used. Each research question section concludes with an answer based on the data that was collected by tying in the transcripts.

RQ1. What Is the Understanding That Catholic Clergy Have Regarding Pervasive Fear- or Worry-Driven Anxiety-Related Mental Illness?

It was found that Catholic clergy differ in the range of understanding anxiety as a serious illness. This was exemplified in the accounts of all 6 participants. Of the participants, 2 of the 6 identified as clergy leaders as well as having a secular mental health job role. At the opposite end of the continuum, 1 participant stated that he had no comfortability with counseling a parishioner with anxiety. In those cases, it was found that the clergy leaders with the additional mental health related job role, had a broadened knowledge foundation and understanding of how excessive fear-and-worry could negatively impact the physical health of their parishioner. For instance, participant 4 stated, “where a person becomes so overwhelmed with worry and anxiety that you can have physical symptoms or perhaps her heart racing or sweaty palms, um, upset stomach

or other kinds of physical symptoms that are related to their anxiety and that the brain producing chemicals that are for either flight, fight, or freeze."

On the other hand, it was also found that the range of knowledge was less aimed at the physical initiation and more toward spirituality of symptom changes. This was evident and provided in the statement "I don't get involved in a lot of the counseling of individuals…um, my counseling is not mental health counseling" and "the conversation generally goes what is unstable or what is uncertain that's causing the fear and anxiety and how might a person move from the changing universe that usually within which there's something that's causing the anxiety and to move them to something more stable and more fundamental or unchanging, which, of course, is a Christian counselor as a priest is normally to God."

The clergy leader that had least comfortability with counseling parishioners with anxiety stated, "I mean it's important to stay in your lane and some people know enough to be dangerous, right? So, you cannot go to a 2-hour webinar and suddenly think you're able to counsel people who have anxiety."

Each of these statements demonstrated the range of understanding, experience, and competency when counseling an anxious parishioner and answered the research question as to what the understanding was of anxiety as a serious mental health problem. In summary, no two participants had the exact same understanding or experience shared when they worked with parishioners with anxiety. Differences to this does mirror the depth of understanding that each clergy leader comes to the couch or pew counseling

room metaphor with different views, backgrounds, trainings, and education levels when counseling a parishioner with anxiety.

Regardless of the differences, a similarity that all 6 participants had in common was their intrinsic drive to help another human being that was suffering from the negative effects of severe anxiety. Much like secular professional counselors, clergy commonality was the motivation to help, and, in that regard, there was a similitude to celebrate between both secular and nonsecular professional domains. The differences could also be honored because there was not a one size fits all approach to counseling an individual with fear- or worry-driven anxiety distress. Additionally, to address this question lied in the depth that each clergy and counselor religious or non-religious used their skill level, competency, and current capacity of understanding anxiety to help the individual navigate through their journey.

RQ2. To What Degree Do Catholic Clergy Feel Prepared to Counsel Parishioners Coming to Them With Pervasive Fear- or Worry-Driven Anxiety-Related Mental Illness?

The findings reveled that 5 of the 6 participants felt they were “prepared” or “very prepared” to counsel parishioners coming to them with pervasive anxiety driven by fear-and-worry. The following excerpts described this finding in more detail and represented the 5 of 6 participants that felt comfortable and prepared to counsel parishioners with pervasive anxiety, “My counseling role, is again, to first be as of some support for them and, you know, try to bring in praying with the person, trying to bring in the reassurance of God’s presence in our lives and if I were to do more specific counseling with them

that would be to look at ways they can change how they think about things and make sure they can accurately about the situation, look at different ways that a person can practice relaxation, some of the simple things are most important" and "I feel ah, very prepared" and "knowledge is power…you need to study more in these areas too and "I believe I'm very prepared and just based on my experience."

The participant that was least comfortable also felt he was least prepared to counsel individuals who exhibited serious anxiety symptoms. Answers to the question of preparedness is revealed in the following excerpts "I'm not qualified…I can engage with them, and I can help sort out and spiritual counsel them and help as well with that, I can help that out, we can help identify it. But, in terms of counseling them, I need to refer them to a licensed professional" and "probably very minimal. It's just not an area, again, where I've had much training, or education or at least at a high enough level, it's not one of my comfort zones."

The answer to the research question that was centered around preparedness was that 5 out of the 6 participants felt "prepared" or "very prepared" whereas one participant felt not prepared to counsel a parishioner who exhibited severe anxiety. Preparedness was loosely defined by each of the participants individually. For one participant, preparedness was contributed solely to the experience that one has with a parishioner who was anxious, while another clergy leader felt that preparedness was solely contributed to education and training in that subject matter. The other 4 participants defined preparedness as a combination of both education and experience in the church working daily with parishioners who sought counsel from a clergy leader.

RQ3. What Strategies Do Catholic Clergy Describe That They Use With Seriously Anxious Parishioners?

The findings showed that all the clergy leaders shared the process and or steps they incorporated when they meet a parishioner that came to them for support when they were seriously anxious. Of highlighted importance was that one of the participants shared those parishioners do not typically come to clergy and use the word *anxious,* instead, they may come to the clergy and say other things are bothering them. This meant the clergy leader needed to use strategies much like a detective would do to figure out or get down to the bottom of what was ailing the parishioner. The example used from the data transcript to demonstrate this was "…my experience is of that parishioners don't really tell you that and say I have my anxiety…if you're an intuitive on some level, is that the fair amount of concern or the level of concern disproportional."

Clergy leaders all shared different steps they used to counsel parishioners. Two common denominators that were found in all transcripts reported the importance of praying with and listening to their parishioners. The transcripts that demonstrated strategies or the different techniques used for counseling parishioners with anxiety included, "It is to pray with them at a pace that is um, comfortable for them, and then and that's then to listen of course, you know, active listening, you know, just listen and be open ended and to find out and, you know, you know, they make it like basic counseling 101 you know at that point" and "I will meet with someone if they want to talk about anxiety and just give a brief assessment, if that's something that is within the church, that they're anxious about, that usually it's something that I'll um again following that um

again so in the process of finding what the source actually is, talk to them about it and try to bring a person from maybe a perception of an anxiety that doesn't exist to more of a reality" and "prayer of getting the right kind of support from others and it could be the wrong kind of support for others, where other enable to know what's it really about" and "but usually in order to deal with anxiety you have to go through the anxiety, you know, work with support" and "if there's a fear of going someplace, you'll get a hierarchy and try to put small steps trying to work your way up to what the scariness is" and "I try and find ways to change ones thinking if they came to you, whether it's, you know, what a positive adaptive thoughts for coping, using coping cards" and "he's got to walk through some of the steps of mental health counseling and just counseling in general and that kind of stuff."

In summary, the answer to the question regarding the strategies used was that there was a broad range of ways in which each clergy leaders counsel a parishioner with serious anxiety. From the transcripts there was evidence that there are clergy leaders who automatically referred the parishioner to a licensed professional healthcare provider, while other clergy leaders chose to pray, listen, and assess the parishioner using basic counseling skills such as active listening. Another finding to note was that one of the participants stated that clergy leaders needed to be aware of their own shortcomings or any other blockages that might present a problem within the parishioner-clergy counseling relationship. This notion of being able to help an induvial through counseling while not transferring the counselor's "stuff" onto the client is referred to in the secular counseling world along with the importance of counselor self-care. Interestingly, one

participant stated, “I feel like. A lot of times the Catholic clergy. Well, and some of them are priests and deacons are here um and their life experience that is not able to relate to the people they are serving” and “that is my biggest thought you have to have enough self-awareness in the different areas to understand that and appreciate that” and “there’s a simple quality called reality, um a shadow here that many members of the Catholic clergy just have loads of their own stuff to work on.” A key takeaway from the previous excerpt regarding strategy was that self-awareness was viewed as an important piece in the ability to help another navigate through their anxiety and serious psychiatric symptoms anxiety brings forth.

This chapter introduced the purpose of this study which was to explore clergy understanding and awareness of fear- or worry-driven serious anxiety. The 3 research questions were reviewed and followed by reporting the study’s findings along with answers to the questions. This was organized through the explanation of data management, data organization, and data processing. Additionally, global setting, participant demographics, data analysis specifics and trustworthiness was discussed. The next chapter reiterates the purpose and nature of this study and addresses why the study was conducted with alignment to the literature from chapter 2. In addition, findings ware summarized with interpretation, limits of the study, and recommendations that addresses future research and positive social change.

Chapter 5: Summary, Conclusions, and Recommendations

Introduction

This chapter begins with a discussion of the nature, problem, and purpose of this study. It summarizes key findings with description and interpretation and addresses limitations. Implications and recommendations are also discussed with conclusion of a message that captures the essence of this study. In addition, this chapter ties in the literature from chapter 2, adding credibility and a foundational basis for this study through confirmation, disconfirmation, and knowledge extension study comparisons.

Nature of the Study

The nature of this study was a qualitative design with a phenomenological concentrated approach. This method of research strategy was chosen because it permitted an emic perspective. This perspective is borrowed from linguistic training and used to study phenomena in different cultures. Within this study, the culture focused upon was clergy leadership in the Roman Catholic Church. The emic perspective on research refers to fully studying one culture with no multicultural attention. The drawback of this perspective was that the study lacked a phenomenon that could be considered common across all cultures.

The phenomenon of interest was the counseling role of clergy leaders in the Catholic church and their shared experience with parishioners who exhibited serious anxiety. Therefore, other religious clergy leaders should be further researched across other cultures (religions or churches). For instance, what is a common counseling role for a clergy leader of the Roman Catholic Church might not be a common counseling role for

a Hindu Priest. Consequently, it is imperative to study additional cultures and their religious framework to capture a more comprehensive viewpoint of anxiety generalized in churches other than the Roman Catholic Church.

The interview with the participants provided the foundation for collecting data and described experiences and their meanings. This was specific to gathering the essence of the study, which was the experience that each Catholic priest or deacon brought forth and shared in real time with their own voice during the interview. The next section reiterates the problem that the study addressed with the lack of data in the current literature regarding parishioner anxiety and clergy awareness in the Roman Catholic Church.

Problem of the Study

The problem that this study addressed was that social science research provided minimal data concerning the mental health awareness, knowledge, and training that Roman Catholic clergy leaders use in their profession as priest or deacon in a spiritual counselor job role to effectively counsel parishioners with serious anxiety. In other words, there was a diminutive amount of research that addressed severe anxiety symptoms for the parishioner in the Roman Catholic Church. In addition, there was very little data found that specifically addressed Roman Catholic clergy leaders' counseling awareness and competency with anxiety driven by fear or worry as a serious mental health concern throughout the empirical literature.

Anxiety is regarded as a legitimate concern and mental health problem when its symptoms interrupt the parishioner's daily routine. In chapter 2, I described in detail how

there were cases of serious anxiety that led to the development of comorbid psychiatric disorders such as depression and/or the abuse of substances. Therefore, it was important to address the discomfort and daily problems that anxiety creates for the parishioner in the Roman Catholic Church through the eyes of the clergy leader in their role as a helping professional. In the next segment, I discuss the purpose of this study and how it was addressed throughout the process.

Purpose of the Study

This study's purpose was to deepen the level of understanding and awareness of mental health related to anxiety that parishioners share with clergy leaders in the Catholic church setting. Specifically, the goal was to explore literacy knowledge and practice viewpoints through the eyes and personal account of each participating clergy leader. The purpose of this study was achieved by addressing the current knowledge gap that exists throughout the literature. Furthermore, familiarity with and consideration of anxiety as a mental health problem discovered from clergy leaders throughout the interviews expressed and revealed themes relevant to clergy levels of knowledge, competency, and training. The naturalistic path that was used created an approach that allowed for deeper understanding of anxiety and the phenomenon of interest to capture the essence of the study that paralleled the dance of expression throughout each firsthand account and shared perspective. The next section contains a concise summation of the key findings.

Key Findings

The key findings went through a process that allowed for intellectualizing the data compiled from interview to transcript, to node, to code, then finally to themes with

subcategories. Throughout the analysis, themes were narrowed carefully down from many to 4, with subcategories that directly linked to each of the 3 research questions. In review, the 4 major themes and their subcategories were (a) counseling, with the subcategory of clergy experiences with counseling; (b) mental health, with the subcategory of understanding mental health and differences in secular versus nonsecular counseling services; (c) anxiety, with the subcategory of understanding and knowledge of symptoms; and (d) training, with the subcategory of professional development and needs and preparedness.

The highlighted results of the data answered the 3 research questions and found the following:

RQ1. It was found that Catholic clergy leaders differ in the range of understanding of anxiety driven by fear-or-worry as a serious mental illness.

RQ2. It was revealed that 5 of the 6 participants felt that they were “prepared” or “very prepared” to counsel parishioners coming to them with pervasive anxiety-driven by fear and worry.

RQ3. It was discovered that Roman Catholic clergy leaders counsel their parishioners with serious fear-driven anxiety in assorted ways. The counseling distinctions ranged from praying, listening, and assessing using fundamental counseling skills to automatic referral to a licensed professional healthcare provider after the initial session together.

In the following section, I discuss details of the interpretation of the findings. I do so with focused attention on data collection that was central to assist with a deepened level of understanding. To assist in adding additional layers of understanding confirming, disconfirming, and extending knowledge concepts were retained in the framing of this work. This encouraged the qualitative research approach throughout the duration of data collection and analysis. The process was completed with help of empirical articles, secondary sources, and of course narrative transcription at the heart of the raw data. This is discussed in the next section and explained with intention as I refer to linking the works considered throughout the literature review from chapter 2 and make connections.

Interpretation of the Findings

Interpretation of the findings is included in this section. In qualitative interpretation, researchers seek to answer 4 questions (a) what is central in the data, (b) why is that significant, (c) what can be learned from the data, and (d) how is that imperative for research? These 4 questions are answered throughout the interpretation of the findings discussion. What made this study qualitative in nature was the dependence on answering the questions uniquely based on my interpretive perspective as the researcher. In addition, the non-disturbing natural context played a significant role with raw data and true-to-life narrative collection. The interpretation process was completed through influences that (a) linked ETAS theory, (b) joined the pre-existing anxiety-related evidence, and (c) contextualized the findings of the research.

Literature Review: Confirmation, Disconfirmation, and Knowledge Extension

The extensive literature review exposed a common thread that conveyed minimal data collection centered around Catholic clergy leaders and anxiety-awareness presented from parishioners in the church. This section compares previously mentioned literature and the connections made to confirmation, disconfirmation, and knowledge extension.

Confirmation Comparison

Confirmability, the final part of trustworthiness, specifies that there is confidence with this study's alignment traced from the findings and directly developed from data to establishment. More specifically, confirmation is the level of sureness that this study's findings are based on the participants' narratives and words instead of researcher biases. In other words, confirmation substantiates that this study's findings were formed by the participants more than they were by me as the qualitative researcher. The range of understanding is addressed in the confirmation comparison and confidence in this study's alignment.

RQ1. What is the understanding that Catholic clergy have regarding pervasive fear- or worry-driven anxiety-related mental illness? This was key to addressing the confirmation path. To recap, this study found that Roman Catholic clergy leaders differed in their range of understanding of anxiety as a fear- or worry-driven mental health illness.

In the work of Bledsoe and colleagues (2013), clergy participants stated that regarding mental health knowledge, 19% were very knowledgeable while 77% had some knowledge. Bledsoe and colleagues identified knowledge and preparedness as similar concepts. This current study revealed that 83% of the participants felt knowledgeable and

very prepared to counsel individuals with severe anxiety, while 17% of the participants did not feel prepared to counsel an individual with mental health concerns consistent with serious anxiety. It should be kept in mind that the participant pool for the current study was small in comparison to Bledsoe and colleagues' work.

Moran and colleagues (2005) sampled 179 clergy leaders and found that less than half had any clinical pastoral education. In addition, clergy reported higher confidence levels when an individual presented with more traditional types of problems such as death or grief. This study revealed a high confidence and comfort level among the participants regarding counseling parishioners with anxiety. It is worthwhile to question whether anxiety would be considered by all clergy leaders as well as those from Moran and colleagues' study if anxiety is agreed upon in the clergy community to be a "traditional type of mental health problem." If so, it is reasonable that the level of knowledge, understanding, and competence (confidence) was also high for this study due to the notion that anxiety could have been considered a more "traditional problem" for clergy leaders to address in their counseling role. Therefore, this impression could have contributed to the result of higher clergy leader confidence in the counseling role with specific anxiety mental illness symptoms.

Zickar and colleagues (2008) addressed moderators that pertained to the clergy leader job role itself. Moreover, they addressed factors such as work support, commitment from the organization, social support, and role overload. The topic of time constraints in the role of Roman Catholic clergy counselor was expressed by 3 of the 6 participants or half of the participants. Five of the participants stated that they worked

between more than one congregation. This was evident in the following participant quotation, “In my role as a deacon, and as much could be because I’m spread out among three parishes, and it takes time and takes time to get to know the people.” A key takeaway is that professional collaboration lessens role burdens placed on clergy leaders due to time constraints, which aligns to the study conducted by Zickar and colleagues.

Thomas (2012) reported that teamwork and communication, trust, education level, and interprofessional education collaboration all had positive effects on interprofessional collaboration. This report aligned with this study because the findings concluded that the education levels of the participants who identified as mental health helping professionals in addition to their role as deacon reported, “I would definitely bring my mental health counseling into it,” and “we have names of the counseling agencies or other places that I can go to for guidance or help,” and “we go out and um find resources, being in the community or medical, whatever it takes to help them,” and “I have good mentors from various places in the mental health field,” and finally, “I make referrals as much as possible because of time.” These comments indicated the significant role that external professional (licensed clinicians) and internal collaborators (mentors) have for clergy leader participants in the Roman Catholic Church.

In summary, the references to four empirical works discussed in chapter 2 addressed confirmability and the final part of trustworthiness for this study. The connections that were made indicated alignment and traced that alignment from literature through the key findings in this study with references taken from participant narratives. Interpretation and alignment can also be considered while answering the 4 questions that

were brought forth earlier. The following are each of the previously mentioned four questions with brief answers:

1. What is central in the data?

   The four themes that emerged from and were central to the data were (a) counseling, (b) mental health, (c) anxiety, and (d) training.

2. Why is that significant?

   The themes were significant because they answered the research questions and were in alignment based on interview questions and empirical data from previous studies.

3. What can be learned from the data?

   The data indicated that additional training and awareness of mental health issues, specifically anxiety for parishioners in the church, were of key importance.

4. How is that imperative for research?

   This is important for future research because learning more regarding anxiety in the church opens lines of communication between both domains of secular and nonsecular counseling professionals.

The subsequent section expresses lack of alignment or disconfirmation, based on the findings and the original belief that increased understanding and awareness of anxiety as a serious mental health illness will bridge the gap that exists between religious and nonreligious counseling service roles. In addition, the belief that open communication between secular and nonsecular counseling worlds provide increased benefits for the

parishioner seeking religious counsel as their first line of anxiety symptom defense is of key importance to this research paradigm.

Disconfirmation Comparison

Disconfirmation is based on nonconfidence in the study's alignment and shows lack of alignment from the findings to data and establishment. It indicates that there is evidence that conclusively establishes that a belief is not true.

RQ2. To what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive fear- or worry-driven anxiety-related mental illness? This was studied in the disconfirmation context. The answer to the research question revealed that 5 of the 6 participants felt that they were "prepared" or "very prepared" to counsel parishioners coming to them with pervasive anxiety driven by fear and worry. However, it was important to inspect the alignment to understand all layers of this study's findings. Though it was evident that most of the participants felt "prepared" or "very prepared" to counsel an anxious parishioner, the dilemma considered with this research question was in the notion of what preparedness meant to the individual. To address disconfirmation, I researched the meaning of the word *prepared* using 3 different online media (a) Macmillan dictionary, (b) Lexico-Oxford English dictionary, and (c) Dictionary.com. In Macmillan dictionary, there were 3 definitions and 3 synonyms used for the word. Lexico-Oxford English dictionary showed two uses of the word in sentences with 22 synonyms. Finally, Dictionary.com had 3 definitions and 20 similar words. The point of this exercise was to disclose the notion that every individual brought their unique self as they answered the interview questions. Thus, when a question such as that listed above

was asked with a single highlighted word for *prepare*, it was important to assume that each participant had their individualized meaning for the word and therefore their level of preparedness was measured differently than for other participants in this study.

There was no conclusive evidence from the literature review in chapter 2 that convincingly established that the original belief for this study was not true. Findings showed that increased awareness and training would benefit the parishioner as well as benefit the lines of communication in the secular and nonsecular counseling domains. The key findings added to the confirmation that this study was needed. The results provided knowledge extension and hope for professional communications in the future. The next section compares literature from chapter 2 with alignment to the third research question and knowledge extension comparisons.

Knowledge Extension Comparison

Knowledge extension was linked to RQ3. what strategies do Catholic Clergy describe they use with a seriously anxious parishioner? In addition, the interview questions that revealed data centered around training and education were included in this comparison. The findings revealed that Roman Catholic clergy leaders counsel parishioners in a variety of different ways and at varied levels. For instance, Roman Catholic clergy leaders expressed that they "pray," and "actively listen," and use "open-ended questions", or utilize other "basic 101 counseling skills," while others shared that they, "immediately refer the parishioner to a licensed mental health professional."

To address the need for knowledge extension the work of McHale (2004) sought to understand the counseling perspective of success in the therapy room. As was the same

outcome in comparison to this study, it revealed that there were different levels of education and training. In addition, McHale (2004) shared that there were skills that added to the counseling role such as (a) active listening, (b) communication, (c) self-knowledge, and (d) knowing referral services. These same specific skills were also found throughout the transcripts for this study and tied to one of the 4 major themes previously brought forth.

Openshaw and Harr (2009) shared the need for mental health professionals. Additionally, their study revealed major points that paralleled this study's findings as well. First, clergy were actively involved in helping individuals with mental health issues. This study also found that 5 out of the 6 participants were actively involved in counseling their parishioners in the Roman Catholic Church setting. Another point from Openshaw and Harr (2009) was that clergy responded to the metal health problems based on competency levels. This study revealed that 5 of the 6 Roman Catholic Clergy leaders felt confident and competent to counsel parishioners with anxiety-related mental health issues. Meanwhile, 1 of the 6 participants stated that because of time constraints, resources, and lack of comfort he automatically referred his parishioners to licensed mental health professionals. The next section discusses the analysis of theoretical and contextual frameworks as attention is referred to numerous transforming stages of analysis this study went through.

Analysis of Theoretical and Contextual Frameworks Introduction

Analysis strategies included transforming stages as described in chapter 4. Analysis approaches started with (a) macro-picture and listed themes that emerged from

the data, (b) identified the repeated phrases, sentences, and words, (c) reduced the data to manageable forms that included nodes, to codes, to themes with subcategories, (d) sorted through data with the guidance of NVivo software, (e) charted through pen to paper medium, (f) used continuous reading and hearing the data repetitively, (g) attached working blocks of texts on the printed transcript, grouped, looked at clusters, blocked text, and used concept mapping. All these strategies added significantly to the process of simplifying the predetermined categories versus the categories that naturally emerged from the data. The subsequent sections discuss the key findings as they relate to the ETAS theory and the phenomenological conceptual framework.

Evolutionary Threat Assessment Systems Theory

Paul MacLean and other evolutionary theorists like Flannelly and colleagues (2007) encouraged theoretical alignment with this study. This was done with attention paid to psychiatric symptoms that anxiety creates and basis in the human brain. To review, the triune brain concept was fundamentally used to explain psychiatric symptoms rooted in evolutionary means. For instance, attention was paid to basic responses like fight or flight. MacLean (2003) believed that research needed to be moved in the brain work direction once he established the connection that anxiety-related symptoms could not be clarified by bodily causes and coined the term Evolutionary Psychiatry. Furthermore, the work of Flannelly and colleagues (2017) extended MacLean's work and established the idea that evolution of the brain allows people to participate in more flexible response to the tests we encounter for survival as human beings.

In relation to this study, anxiety was viewed as a fear-and worry-based response to evolutionary hard-wiring. Apparent in transcript, the narratives provided examples where this idea was in part evident of minimal training and education or in the counseling role itself with parishioners who exhibited problematic somatic symptoms from anxiety. All 6 of the participants in this study discussed their experiences and understanding of anxiety and related symptoms as a fear- or worry-driven response for the parishioners they served in the counseling role capacity. The following excerpts illustrated this, "…with worry and anxiety that they can have physical symptoms or perhaps her heart racing or sweaty palms, um, upset stomach or other kinds of physical symptoms that are related to their anxiety and that the brain producing chemicals are for either flight, fight, or freeze," and "I've seen a lot of people that they you know they have, you know, stomach problems or it almost appears hypochondriac in a sense…and they worry so much about things they can't control. "

The analysis and interpretation of the findings in the context of the ETAS theory suggested that the primitive processes described as flexibility in response of the choices fight, flight, or freeze used for survival might have indicated a positive impact or an uplifting approach to lessen symptoms. The uplifting impact was described in the following excerpt, "well, when it is not disproportional like in 2020, you know, for parishioners who are disproportionately anxious. For example, about COVID or about the outcome of the election, you know the things that just respond with the magnitude…I am glad to spend time with them" and "…prayer and peace at a pace that is um comfortable for them and listen" and "I am the calm for them" and "I can relate because I am a dad

and a Deacon, and I am married, and that dynamic can really help them" and "Sometimes they are just scared and need someone and I am there for them and help with that transition and fear."

Noteworthy is that the transition or shift that was spoken of from the narratives was the key to the uplifting effect through prayer, listening, and being the sounding board that clergy leaders provided for the parishioner with severe anxiety. The next section discusses the phenomenological conceptual framework of this study with emphasis of interpretation and analysis through the narratives that exemplified and aligned this study's findings.

Conceptual Framework: Phenomenology

The conceptual framework used for this study was phenomenology that informed, influenced, and connected the research questions, interview questions, empirical literature, and data into alignment based on narratives and individual perception. Moreover, the core of the experience related to the phenomenon of interest echoed the counseling role of the clergy leader in the Catholic Church and their shared experience with a parishioner with serious anxiety. The interpretation provided an open advantage that deepened level of understanding of clergy experience alongside personal experience commonalities such as shared faith and the desire to help others in a counseling role.

According to Giorgi (2009) and Vagle (2018) key elements from the data gained through narratives produced psychological meaning and application. For instance, assumptions and openness to change accompanied this study design. An example of this lied in the fact that all the participants interviewed with the telephone option and the

choices could have been based on comfortability with the current global health crisis COVID-19 pandemic repercussions. Additionally, at the time of data collection the CDC guidelines varied regionally and that differed based on where the participant resided. The global pandemic created a unique challenge to interview comfortability and data collection and as such required an openness to change and assumptions that all participants would have chosen the option of a face-to-face interview in the absence of the global pandemic. Noteworthy, was that half of the participants discussed parishioner anxieties related to the global pandemic in direct relation of the topics (a) mass attendance, (b) participating in confession, (c) presidential election stress, (d) technology, and (e) social isolation from loved ones.

Psychological meaning and application were addressed in the following narratives, "…most times they need to work through the psychological and anxiety level" and "they need to know that you are going to help them in the process" and "they need to have an understanding of the lives the people are living" and "make sure that people are okay and they may need to get sent to folks who understand the latest on issues and that, they know man, I hurt just like someone else." These narratives provided the evidence that psychological meaning was given to parishioners when the clergy leader helped to uncover the hurt, pain, and root of the anxiety. This might have benefited the parishioner-clergy relationship and counseling role application as well when shared pain was a point in the conversation. For instance, the shared anxieties that the stressful event of the global pandemic brought forth to all people at the time of this study such as the required isolation from family and friends. Another application is shown when clergy leaders

narrated the need to provide safety for the parishioner with whom they are counseling in that moment. Moreover, interpretation and analysis of the findings in the context of the conceptual framework indicated that application and psychological meaning vary with the combination of parishioner, anxiety triggering event and level of competency the clergy leader has with the topic presented to them. Central to this idea is that by using the phenomenological approach as a guide, the interpretation of the data although does have researcher bias embedded also has openness to change and flexibility based on the context of data collection and analyses. The summary for this section is next and will briefly cover an overview that was outlined throughout the interpretation of the findings.

Summary

In summary, the analysis and interpretation of the contextual and theoretical framework suggested that fear and worry are fixed in the primitive brain and due to survival, an individual has flexibility in their choices of response such as fight, flight, or freeze. Additionally, interpretation and application with willingness to adapt were imperative to the phenomenological framing for this study. The confirmation, disconfirmation, and knowledge extension sections addressed alignment based on previous studies which aligned key findings to narration excerpts. The findings of this study do not surpass the narrative data, key findings, and interpretations nor the scope of this study. The lived and shared experiences of each narrative and the natural context are represented as well as the confirmation that there is alignment that naturally emerged through themes with subcategories from the data. The scope or the specific aspect of this study included mental health knowledge, competency, and awareness and was included

in shared experience of training, education, and current counseling role. The scope and angle were chosen for this study because of the gap that exists throughout the literature regarding the lack of Roman Catholic clergy leader representation. The boundaries of the study kept the scope of this study balanced as it limited participants to include those that were Roman Catholic clergy leaders with the current job role as Priest or Deacon. The limitations this study encountered is described in the subsequent section and the connection to trustworthiness with special attention paid to each of the following: dependability, credibility, confirmability, transferability is addressed.

Limitations of the Study

The constraints of this study were impacted by the global pandemic (COVID-19) when all six of the participants elected telephone interview over any of the other available options. A limitation lies in difficulty replicating the phenomenological framework. The goal was met in the desire to explore meaning and gain understanding from the Roman Catholic clergy leader viewpoint. The patterns that emerged were consistent with intricacy and analysis proved to be time consuming. Other limitations incorporated thresholds that were outside of my control and included specific time clergy leaders spent individually in the counseling role which varied among each participant. In addition, the broad range of mental health competency, education, and training were added boundaries.

The global pandemic (COVID-19) played a role in restrictive comfortability for the face-to-face interview option. The reasonable problem and gap in the literature was expanded upon through consistency of data and thematic interpretation. Each person has a unique sense of interpretation and was considered during analysis for this study. In

terms of researcher bias the methods, core constructs, and concepts that were developed would vary for future researchers. Repetitive researcher review addressed these limitations along with chair and committee examination and feedback. The goals of honoring the interview questions and the needs of the participants were met. This meant staying true to the data regardless of the outcome whether it proved significant or not significant to bridging religious or non-religious counseling services within the Church setting. The next section discusses limitations to trustworthiness as truth is addressed along with consideration of the four necessary components.

Trustworthiness

Trustworthiness in qualitative research is the truth value and the boundaries or restrictiveness of the study were those that impacted or influenced the interpretation of key findings. Trustworthiness during this research process included four components: (a) dependability, (b) credibility, (c) confirmability, and (d) transferability. Each of the four components were limited in some way for this study.

Dependability was constrained because the data being collected directly answered each research question. In other words, there was not much additional effort from the participants or going off each specific topic.

Credibility was limited by the strategies to accommodate . For instance, member checking and triangulation was restricted because I was the only one that reviewed each transcription for accuracy.

Confirmability had the boundary that included the notion there could be more continued examination and clarification of the interpretation of the findings.

Transferability was restricted because the experiences that were shared from the participants represented only some of the regions in a midwestern state and the degrees to which each clergy's knowledge, competency, and training levels embodied a small number of clergy leadership in the Roman Catholic Church. The next section includes a summary of the areas discussed in this section.

Summary

In summary, this section began with discussion of the nature of the study, phenomenon of interest, problem, and purpose. The next paragraph reviewed the four major themes and key findings followed by highlighted answers to the three research questions. The interpretation of the findings with four questions included (a) what is central in the data; (2) why is that significant; (b) what can be learned from the data, and; (c) how is it imperative for research? Confirmation, disconfirmation, and knowledge extension comparisons were examined through tying chapter two literature reviews as well as narrative samples. Analysis of theoretical and contextual frameworks along with interpretation of the findings was also examined. Finally, limitations of the study with issues of trustworthiness and the four components were verbalized. The following section discusses recommendations. It addresses the potential of a larger sample benefit and face-to face interview style as well and the depth that was added to this study through firsthand narratives.

Recommendations

The recommendations address what some of the next steps in the research might entail. It bears in mind that science is continuously built by adding to the empirical work

of one another. This study had both strengths and limitations, and each of these areas are the focus while the discussion is framed around thoughts for upcoming researchers and scholars.

Strengths

Future recommendations might consider addressing a larger Roman Catholic clergy leader participant population. This is a consideration because this study had a small sample size, and the sample was based regionally in a midwestern state in the United States which created regional boundaries. If replicated, other states and/or countries should be considered to compare/contrast the experiences that Roman Catholic clergy leaders shared throughout this study's interview experience.

The strength in this study was the experiences that were shared through firsthand account and narration as well as direct discussion of the topic of anxiety and awareness in the Roman Catholic Church. In addition, the telephone interview did provide comfortability for the interviewee during a time of comfortability with the current global pandemic (COVID-19) concerns and social distancing requirements. To add greater depth and dimension the suggestion for further research would include specified definitions of preparedness or the levels of this concept. Experience indication as to how much actual counseling experience each Roman Catholic clergy leader reported to have in their role as spiritual counselor with parishioners might also be worthy of consideration for future replication.

Limitations

Limitations in this study were the small sample size and interview through the telephone option. The recommendation to remedy this would be to increase the sample size of Roman Catholic clergy leader participants as mentioned earlier, but in addition to that conduct the interviews in a face-to-face format. The face-to-face interview format might provide room for interviewer/interviewee conversation expansion whereas the telephone interview may have created a more framed approach where the interviewees were more boxed into directly answering the interview questions because there was not a face-to-face connection. The next section will discuss the implications by addressing positive social change at the appropriate level of interest as well as practice recommendations.

Implications

This section will discuss implications as they relate to positive social change, describe theoretical and practical implications as well as recommendations for practice. It features social implications and how this work could be realistically utilized.

In terms of theoretical implications, this theory based on logic from of an informed deduction of the work of Paul MacLean and continuously resulted with anticipated outcome through the work of Flannelly and colleagues (2008). This study used the theoretical backdrop of the ETAS theory which tied evolutionary psychiatric symptoms of anxiety, religious beliefs, and mental health. The theoretical implications confirmed the ETAS theory that flexible responses to anxiety contribute and may increase fear and worry watchfulness which helps recognize harm. The narratives from

this study showed through mention of adaptable options Roman Catholic clergy leaders shared experiences where parishioners use options like fight, flight, or freeze responses and as a result are left with serious psychiatric symptoms rooted from anxiety. The narratives provide psychosomatic examples of responses such as sweaty palm, stomachache, headache, or increased heart rate. The key findings are in line with this theory and share confirmation that the theory aligns with the idea that religious counsel had an uplifting benefit for the parishioner experiencing severe psychosomatic symptoms resulting from severe anxiety.

Practical implications are the result that transpires when a specific event occurs. In this study the practical implications related to the real outcomes and the alignment or logical association between both the event and the result. One of the participants discussed this notion as he shared that most of the parishioners that came to see him have what he classified as "disproportional awareness that creates a magnitude of anxiety for that person." For purpose of practical application and to deepen and add dimension to the level of understating it is key to highlight that parishioners seeking religious counsel might need guidance with clarification of proportional and disproportional thoughts to the event that has created their anxiety or fear-and-worry level to increase. Understanding this notion of 'acceptable proportionality to events' could decrease the unpleasantness that severe anxiety psychiatric symptoms bring forth for the individual suffering. Scientific reason and rationale can be applied in professional settings as well as personal situations. The subsequent section will discuss the potential impact for positive social change at the individual, organizational, and societal levels.

Positive Social Change

Positive social change is defined by any change fast or slow where there is some type of adjustment that occurs and results in beneficial outcome for the individual, organization, or the global community/society at large. Positive social change on the sociological level indicates the variations that take place during human interactions and interrelationships. Positive social change can be obvious in a societal social system or it can be small change within a small group. For purpose of this study, positive social change is noted as a worldwide change due to the global pandemic that forced rapid change upon the participants as well as the parishioners with whom Roman Catholic clergy leaders were counseling. However, anxiety driven by fear-and-worry do change social relations with respect to naturalness and openness. Greater and necessary innovations will be slowed or hindered.

Potential Impact: Individual and Societal Levels

At the individual level, positive social change from this study resulted from the adaptability participants expressed to this researcher during the interview process. The telephone interview option for the participants provided comfortability and capacity to participate in this study that provided insight into the Roman Catholic clergy leaders point of view.

At the organizational level, positive social change from this study resulted from granting mental health literacy and competency outlined from firsthand experiences of the participants at the religious level. This study also provided education and training

overview and awareness of mental health regarding anxiety from those participants considered throughout the literature as first line of defense for parishioners.

At the societal level positive social change resulted from looking through the lens of levels of physical contact. Physical contact is foundational of human society and the change with the global pandemic likely affected this study data collection medium. From a positive perspective, mental health and religious counseling societies as a whole, were pressured to honor the increase in behavioral health uncertainties as well as anxiety related issues with the help of innovative services like telehealth to continue to counsel people struggling.

Implications and Study Boundaries

The implications for social change did not exceed the boundaries for this study. To accommodate the global pandemic (COVID-19) restrictions and guidelines there were additional guidelines and options put into place to honor well-being for all involved in this study. This was in the format that included two additional options to the interview plan data collection process other than the single face-to-face option originally. The supplementary interview options that included: Zoom video conference or telephone interview was put into place to address comfortability and ease of flexibility to change that had to accompany this study's data collection process. The next section will briefly address recommendations for practical application.

Practice Recommendations

Practical application was mentioned earlier as it was set up in the implications section of this paper and discussed the importance of the key findings. However, to

address practical recommendations the confirmation of specific actions and application will be discussed. It is noteworthy first to recap one of the goals of this study which was to build upon the previous work of other scientists in the fields of psychology and religion. To address practical application the therapeutic process for counseling individuals with severe anxiety and related psychosomatic symptoms should be mentioned. There is a wide range of literature that acknowledges and promotes treatment manuals, books, tools, strategies, and theories that provide helpful contribution when counseling an individual presenting with severe anxiety. However, as the literature in Chapter 2 describes there are individuals who turn to faith-based leaders for assistance with their anxiety-ignited problems as their first form of defense. In other words, the religious parishioner the Roman Catholic clergy leader provides varied functions in the parishioner-clergy relationship and so it is essential to keep in mind that the counseling role may not be a singular role. The counseling role may become inclusive for the parishioner-clergy relationship thereby trust and rapport may have previously formed a deeper level of establishment. A practical recommendation is to understand inclusion as a potential part of clergy-parishioner counseling relationship. For the nonreligious counselor rapport and trust may take longer or greater effort on the part of the secular counselor. Likewise, through the narrative one of the participants described the importance of having the awareness and knowing when, “Clergy need to stay in their lane.” This application was meant to indicate the need for self-awareness and self-competency and necessity to counsel at a level of competence. In the secular domain this application means to stay within your scope of practice.

In summary, the recommendations for practice and implications for this study are discussed through positive social change that addresses practical and theoretical implications. Additionally, individual, organizational, and societal implications are examined with clarification that implications for social change did not exceed the study boundaries. The next section finalizes this paper with conclusion that addresses the take home message that captures the key essence of this study.

Conclusion

The conclusion for this study will recap and link each of the main sections in this final chapter that highlighted each takeaway from interpretation of the findings, limitations of the study, recommendations, and implications.

Interpretation of the findings through a qualitative lens sought to answer four questions that asked, what is central in the data, why is that significant, what can be learned from the data, and how is that imperative for research? Moreover, the interpretation process was framed by linking ETAS theory, articulating religious and psychological related evidence that exists throughout current literature and contextualizing the findings through the components that encompass trustworthiness.

Limitations of the study suggested that constraints may have been impacted by the global pandemic (COVID-19) social distancing requirements at the time of data collection as well as participant comfortability levels.

Recommendations of the study suggested that future research may choose to incorporate a larger sample size as well as interviews in the face-to-face format. This

format option may give a different dynamic that could promote interview dialogue enhancement and conversation expansion among the participants.

Implications of the study suggested that positive social change can be in the formation of a major change at the societal level or a minor change at the individual level. All change whether minimal or grand in nature is worthy of study impact and that transformation can impress upon the scientific community in a large-or small-scale way. The recommendations for practice and implications were talked about when positive social change addressed the practical and theoretical implications such as primitive brain response flexibility in the ETAS theory or in the phenomenological framework where the narratives spoke directly for this study's data.

Finally, the essence of the study message will be conveyed as the final wrap-up in this chapter and notes that even though psychology and religion are separate fields, one can provide assistance for the other as they both desire helping individuals that struggle with mental health issues related to serious anxiety.

Essence of the Study Message

This qualitative study completed several different goals. First, it pursued expansion of the current scientific literature and addressed the gap that exists between psychology and religious clergy leader's knowledge and mental health literacy. Second, it sought to answer the three research questions in relation to anxiety, RQ1 what is the understanding Catholic clergy have regarding pervasive fear-or-worry-driven anxiety related mental illness RQ2 to what degree do Catholic clergy feel prepared to counsel parishioners coming to them with pervasive fear-or-worry-driven anxiety related mental

illness, and RQ3 what strategies do Catholic clergy describe they use with a seriously anxious parishioner? Through the help of data collection and narration of firsthand experience from the participants the answers were formulated for each of the three research questions. Third, this study held onto the theoretical backdrop through the ETAS theory and conceptual framework with the phenomenological undertone. Fourth, this study sought to link the previous empirical literature to the key findings based on the interviews and narratives transcribed by each participant. Finally, this study sought to gain movement in the qualitative process through trustworthiness and credibility as well as practice application, and deepened level of interpretation for future research recommendations.

Religion and Psychology can live in harmony where communication is open and viewed as beneficial for aiding helping professionals and the individuals they counsel. The advancement of understanding mental health issues such as severe anxiety must continue to progress forward and can do so with the persistence of attention to closing the gap that still exists between secular and non-secular counseling domains.

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Appendix: Interview Guide

1. Explain your understanding of a serious anxiety related mental illness that is driven by fear or worry?

2. Describe your experience(s) when counseling a parishioner who says they are seriously anxious with anxiety that is fear or worry driven?

3. Would you consider the guidance that you offer to parishioners related to mental health counseling?

4. Can you detail any courses, training, conferences, or seminars that you have attended or studied with focused content that addressed mental health related anxiety symptoms?

5. Explain your counseling role and the counseling process when working with an anxious parishioner in your congregation?

6. Can you outline the strategies you use when working with a parishioner who says they are seriously anxious from fear or worry?

7. In your opinion, is there a need for clergy to take additional or less formal mental health training for parishioner anxiety in the Catholic Church? Why or why not?

8. To what degree do you believe you are prepared to counsel parishioners who come to you with serious anxiety that comes from excessive fear or worry?